

V	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.	MARYLAND
00	नं क्रथम		12268 CERTIFICATE OF DEATH	220F
	death.	1.	a COUNTY (1)	Residence before admission)
	after the f		DALIMOTE MARYLAND ". STATE MARYLAND"	BALTIMOR
	r de r		b. CITY OR TOWN (If outside corporate limits, write RUR/ write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RUR/	AL and give nearest town)
	E . E	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
0	fille fille sape		Greater BALTIMORE Medical 227 Ridge AVENU	ON A FARM? YES NO H
	executed within 24 hc and completely filled remove carbon papers.	3.	NAME OF DECEASED (Type or print) ELL ENORA AM SPACE 4. DATE OF DEATH SEPT.	Day Year
	and com remove i	5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH Jast Dirthday) Months CM ALE CAUC. WIDOWEO DIVORCED DIVORCED 2-26-1881 9. AGE (In years IF UNOE Months) Months	ER 1 YEAR IF UNDER 24 HRS
	cian ar ase rer nd in a	10 du	a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
	physic n plea	13	FATHER'S NAME 14. MOTHER'S MAJDEN NAME	USA.
	nding The removed	1	ILLIAM SOTOOPUS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	sam D. I. A
	that the death certificate be esician. Included by the attending physician altransit permit. Then please all cremation, or removel, and in	(Y	es, no, or unkown) (If yes give war or dates of service) 180 - 01-878 Char TMPS. Stanley trainition	Towson Md
	y the case sit partition in a si		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
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	ires that the physician. I signed by the burial-transit burial, cremat		Cenditions, If any, which) DUE TO ACTERIO SCIERCO CALDIOUASCIOUAR DISEASE	10 YEARS
	aw requires ttending phys has been sig as the buria prior to buria		gave rise to immediate cause (a), stating the OUE TO	10 (6/11/2
	law ntten has as pric	NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	a) 119. WAS AUTOPSY
	N: The law rectal or attendir tificate has be for use as th f Health prior t	CERTIFICATIO		YES NO
	PHYSICIAN: The law re the hospital or attend by the hospital or attend by this certificate has be detached for use as the Dept. of Health prior	CERTI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	8.)
	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician INRECTOR. After this certificate has been signed by a should be detached for use as the burial-tranged with the State Dept. of Health prior to burial, cre	MEDICAL	Hour a.m. While - Not While factory, street, office bidg., etc.)	ounty) (State)
	Aft Aft be St.	Σ	21. I certify that (I) (this hospital) attended the deceased from Sept. 9 19.56 to Sept. 11.	that (I) (we) last
	TTEN Stain Shou th th	0	saw the deceased alive on Sept 11 1966, and that death occurred at 1124 M, from the causes and on	
	DR A be re 3 se 3 ed wi		22b. SIGNATURE 22b. ATTENDING — MED. — STAFF — 22b.	DATE SIGNED
	Page 4 may Page 4 may FUNERAL D director, pag should be file	1	22c. PHYSICIAN'S NAME (Type)	1/00,
	O HOSPITAL Page 4 may O FUNERAL director, pa	_	CAIU-CHIN SAIN	
	TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	23	TREMOVAL (Specify) 9/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ow. Penna
	VR AI5 (4)	22	FUNERAL OIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12269 12262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY oy is Page Baltimore Baltimore MARYLAND Deportment b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) and Essex 2221 13-1 Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office along with form 1624 Old Eastern Ave. St. Joseph Hospital YES NO Give Poges after death. 3. NAME OF DECEASED Middle Last 4. DATE Manth Year Irene Archer September 26. 19 66 (Type or print) DEATH 9. AGE (In years last birthday) S SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Manths Item 18. Doys Haurs May 16, 1893 Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland d "pending" in pencil in Chief Medical Examiner's Policy Reader Insurance Co. USA pencil 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME certificate should be executed within Unknown Weyhausen pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removol (Yes, no, ar unknown) (If yes give wor or dotes of service) 216 03 1209 W. Vernon Archer No Same 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial, cremotion, or IMMEDIATE (AUSE (a) writing the word DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO designated ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While at wark at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 7. Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 9/27/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles F. U'Donnell, M. D. 7501 Aller Merker Rdy Balton H. Md. 5 moy ro FUNE Health NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Baltimore National Cemetery 9/30/66 Baltimore, Md. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR ATSME 15 Charles Judg Funeral Home 1407 Eastern Ave #21 Pruzdzinski

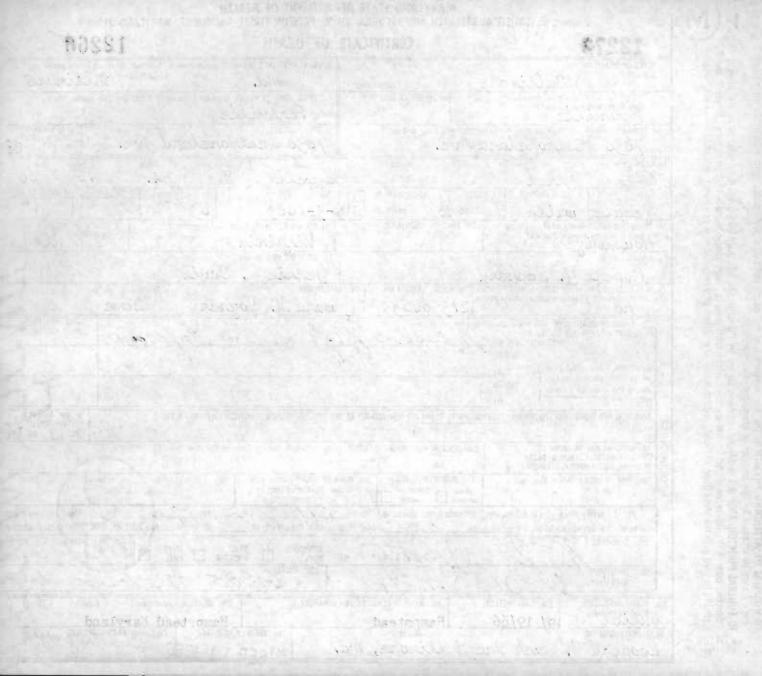
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. within 24 hours after death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Roltimore b. COUNTY MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Parkville filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Westmoreland Ave. Westmoreland Ave. hin NO S carban 3. NAME OF Middle First 4. DATE Lost Year DECEASED ent. 66 Baowell 19 (Type or print) DEATH executed S SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED Olgst birthdoy) Months Dovs Hours remov X any WIDOWED DIVORCED 100 ISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT pe during most of working life reven if retired) INDUSTRY COUNTRY? please pup Virginia the death certificate Housewite 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Jerrie W. Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) dward M. 5666 same no 18. CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost. go PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? NO certificate or 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While 19 ot work ot work 21. I certify that (1) this haspital) attended the deceased fram 1960, to 1966, that (I) (we) last be retained and that geoth occurred at M, from causes and on the date stated above. saw the deceased alive on, O FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld be 23o. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) urial 19/66 Hampstead Maryland Hampstead ADDRESS 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Ruck Inc Baltimore. Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #ld per_telephone conv. with Dr. O'Donnell pc MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY delay is and 3 to M3. Poge Baltimore 10 death. MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deportment b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b 2, u. P.M3. and write RURAL and give pearest town)
Cockeysville after (Phoenix LIFE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS hours along with form e Stote I 72 hour Warren Road Item 18. Give Pages YES NO # after death. 3. NAME OF Middle 4. DATE First Lost Month Oav Year DECEASED OF the September 24 19 66 **JERRY** DAVTD BARRETT (Type or print) DEATH within with IF UNDER I YEAR S. SEX 6. COLOR OR RACE DATE AFOBIRTH AGE (In years IF UNOER 24 HRS. 7 MARRIEO NEVER MARRIEO birthdoy) Months Dovs Hours WIDOWED Male White DIVORCED 24 hours event 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Balto. Co. _ ony Howard. Pa. II.S A forworded to the Chief Medical Examiner's poges pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME certificate should be executed within _ James A. Barrett Jr. File Ruth A. McClure WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, orunknown) (If yes give wor or dates of service) permit. removal 212 52 8010 pending James A. Barrett Jr. Cockeysville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 Multiple Traumatic Injuries IMMEDIATE CAUSE (o)_ writing the word cremotion, DUF TO Conditions, if any, which gove rise to immediate couse (a). DUF TO stoting the underlying couse 0 00 burial, used 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? please execute the certificate, NO X pe 0 20o. EXTERNAL CAUSE WAS PRIMARY 12 or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 18.) ogent, prior 3 should Driver should OR EXAMINER: Auto-fixed object accident Struck guard post, then tree CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Hour o.m.9 23/24 factory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page X of work Baltimore Md. 1966 ot work designoted 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry ond in my opinion Accident X Suicide \ deoth resulted from Naturol causes Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 0 9/24/66 **EXAMINER'S** Rudiger Breitenecker, M.D. Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) Timonium, Balto, Md. Dulaney Valley 9-27,66 Burial | 9-27,00

24 FUNERAL DIRECTOR
Wm. Cook-Brooks Towson 2Sb. REGISTRAR'S SIGNATURE AD ORESS 2So. REC'D BY REGISTRAR Towson, Md. VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. STATE MD o. COUNTY Page b. COUNTY BATIMORE 40 0 death. MARYLAND and 3 b. CITY OR TOWN (If autside corporate limits CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) OWSON d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs WENDEMERE Give Pages YES NO NAME OF First Middle Doy Year within 72 DECEASED CHARD OF DEATH (Type or print) 19 with t 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours haurs WIDOWED DIVORCED Item 1 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Sales Mgr. Glidden Co. **INDUSTRY** U.S.A Wichert, Ill, cate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate shauld be executed within George G. Barwegen Wilhmenia Nehymelia File 16. SOCIAL SECURITY NO. 3445-16-3570 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service Yes permit. remayal. Elizabeth Barwegen, Phoenix, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH ARDIAL INFARCTION D IMMEDIATE CAUSE (o) crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO 0 stoting the underlying couse OS burial, used (PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge af the remains described obove, held an Autopsy Inspection 4 Inquiry 2 ond in my opinion Notural causes . Accident . Suicide [death resulted fram: Undetermined manner Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY funeral Or DEPUTY MEDICAL EXAMINER EXAMINER'S WILLIAM Address (Street, city, town, brocking Health NAME (Type) he 23o. BURIAL, CREMATION. 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 Trinity Episcopal Long Green, Md. Sept.6.1966 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Wm. Cook-Brooks Towson, Towson, Md. 1966 DATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foweral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after that. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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	LACE DF DEATH					2. USUAL RESIDEN	ICE (Where decea			nce before	admission
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b.	CITY OR TOWN	V (if outside corpo and give nearest t	rate limits,	c. LENGTH OF STAY		c. CITY OR TOWN (f outside corpo	rate limits, wr	ite RURAL and	give near	rest town
	Towso		own)				lmore 1			173-1	,
d	. NAME OF HOS	PITAL OR INSTITUT	TION (If not in h	ospital, give street a	ddress)	d. STREET ADDRESS				e. IS R	ESIDENCI
	Towson	Convale				618 Ove	erbrook	Road	- 10	YES _	A FARM?
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H	ousewi.	Î e	Ow	n Home		New Jer	VAP		US		
13.	FATHER'S NAME					14. MOTHER'S MAI				2/3	
F	dward	Appleget				Rose Des	T				
15. W	AS DECEASED E	VER IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY NO	. 17.	INFORMANT		Addres	SS		
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		ATH WAS CAUSED	BY: (1)			0			Ö	NSET AN	BETWEEN D DEATH
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C	ause (a), st	ating the DI	DE TO								
	nderlying cause		(c)								
E 1	ART II. OTHER S	IGNIFICANT CONDI	TIONS CONTRIBL	TING TO DEATH BUT N	IOT RELAT	TED TO THE TERMINAL	DISEASE CONDI	TION GIVEN IN	PART 1(a)		AUTOPSY ORMED?
FICA										YES 🗌	NO [
CERTIFICATION	Oa. ACCIDENT VER CONTRIBUTION OF EITHER, NOT	WAS UNDERLYING NG CAUSE OF D IFY MEDICAL EXAM	EATH MINER)	DESCRIBE HOW INJUR	RY OCCUP	RRED. (Enter nature o	of Injury in Part	I or Part II o	f Item 18.)		
F 20	Oc. TIME OF I	NJURY Month, Day	, Year 2Dd. I	NJURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, f	arm, 20f. (CI	ty or town)	(County)		(State)
MEDICAL	Hour a.m		While	Not While	factor	y, street, office bldg.,	etc.)	,			
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23a.	BURIAL, CREMA			1 23c. NAME OF CE				TION (City, to	un or county		(State)
_	REMOVAL (Spe	clfy)									
	rial FUNERAL DIREC	19/12,	/1966	Loudon	Park		C'D BY REGISTI	timore RAR 255. RI	GISTRAR'S SI	GNATURE	
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17.0	M. OGITK.	1113 oc 20	ns Co.	4905 Yor	K U	a. Md DAME	T 0 12	00	liarles	Jung	2

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death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution as COUNTY)	on: Residence before admission
after / the f ges 1	Baltimore Maryland Baltimo	
rs ago	write RURAL and give nearest town)	JRAL and give nearest town
no ii .iq		63.1
24 hours filled in I papers. Papers. Papers.	(000	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death signed by the ottending physicion and completely filled in by the funeral buriol-transit permit. Then please remove carbon papers. Pages one burial, cremation, or removal, and in any event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY o. STATE Baltimore Mary land MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Dundalk years Dundalk = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE bon papers within 72 l d. STREET ADDRESS ON A FARM? 7921 St. Gregory Drive 7921 St. Gregory Drive NO Z completely 3. NAME OF DECEASED Middie DATE Month Last event, MARGARET BENTZ (Type or print) EVELYN DEATH September 12966 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | Days in any and Aug. 8, 1931 female WIDOWED . DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician death certificate be COUNTRY? Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Arthur A. Keen Elsie Culbertson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. (Yes, no, or unkown) (If yes give war or dates of service) 213-28-5813 Franklin T. Bentz. same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH certificate has been signed by uncertificate has been signed by unched for use as the burial-transit chema's PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) law requires that the attending physician. adenocarcinoma of the stomach with 6 mos. DUE TO metastases Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO TO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20f. (City or town) (County) Hour a.m. Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: AM. from the causes and on the date stated above. saw the deceased alive on. 19 and that death occurred at_ 22b. DATE SIGNED 22a. SIGNATURE 13/66 M.D. PHYS. DIRECTOR Page 4 may PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Eugene Nevy, M.D. Mornington Road. Dundalk. Maryland BURIAL, CREMATION, REMOVAL (Specify) 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Gardens of Faith Baltimore . Maryland **ADDRESS** 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) Brooks Bradley Mc., Dundalk. Md. 15M 4-64

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OR DIRE	11 11 0	D. ATTENDING MED. STAFF DIRECTOR PHYS. 7	-9-66
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12275 12281 CERTIFICATE OF DEATH illed in by the funeral in papers. Pages 1 and 2 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Baltimore Maryland MARYLAND ve carbón papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Baltimore 2 WEEKS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 2006 Eastern Ave., 21231 St. Joseph Hospital YES NO X 3. NAME OF ottending physician and completely formit. Then pleose remove carbon Middle 4. DATE Year DECEASED Mary Bernhardt Sept. 1966 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Hours Female White DECIS WIDOWED KX DIVORCED 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME COUNTRY? Baltimore, Md. 4.5.A Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CATHERINE RYSKA 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 21224 (Yes, na, ar unknawn) (If yes give war ar dates of service I. SCHAEFFER 7222 CONLEY INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Chronic pyelonephritis signed by IMMEDIATE CAUSE (a) physician. *HECHICLE Diabetes mellitus Canditians, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) etoched for use Dept. of Health p NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER (City or tawn) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Doy, Year factory, street, affice blda., etc.) Not While at wark at work 21. I certify that (I) (this haspital) attended the deceased from Aug. 21, 1966, to Sept. 5, 1966 that (I) (we) lost sow the deceased olive on Sept. 5. 19 66, and that death occurred of 11: 30M, from couses and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** Sept. 5, 1966 DIRECTOR M.D. director, poge 3 should be filed a anust PHYS. 7620 York Road, 21204 22c. PHYSICIAN'S Ramon P. Lopez, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION BURIAL (Specify) HOLY CROSS CEM ANNE 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE SEP - 1966 W. FIALKOWSKI

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2222 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY - BALTIMORE a. STATE . b. COUNTY MARYLAND Marvland CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Paginin 72 hours week Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 GREATER BALTO, MEDICAL CENTER STONELEIGH. KD YES NO V completely ve carbon p executed within with NAME OF Middle DATE Last Month Day DECEASED MARGARET (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED and cor remove any eve 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. DATE OF BIRTH WIDOWED 80 DIVORCED physician n please r = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? ILLINOIS U.5# 1 death certificate HOMEMAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NICKLAS JUNGLES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. r to burial, cremation, or (Yes, no. or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO as the cause (a), stating the E450 underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) hed of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While retained by at work at work p.m. DIRECTOR: Asage 3 should lied with the S 21. I certify that (4) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. DIRECTOR 4 may O FUNERAL director, pa should be fil 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DATE THEREOF BURIAL, CREMATION. 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 9/30/66 Olivet Cemetery REC'D BY REGISTRAR FUNERAL DIRECTOR Baltimore Masa. 25b. REGISTRAR'S SIGNATURE Wm. Cook-Brooks Towson 1050 York Rd. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12283 CERTIFICATE OF DEATH deoth. requires that the death certificate be executed within 24 hours after death filled in by the funeral pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If pytside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Ke USVI ve carbon papers. event, within 72 h d. NAME OF HOSPITAL INSTITUTION (If not in hospital, give street oddyes) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Md. Masonic Home YES NO X NAME OF Middle First DATE Lost Day Year DECEASED (Type or print) 30 1966 Prember DEATH SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH nove lost birthdoy) Months Dovs Haurs WIDOWED DIVORCED Tema KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 10b. 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? HOUSE WITE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Wers WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN1 Address (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ 8/19/66 DUE TO burial, Canditians, if any, which gave rise to immediate couse (a). DUE TO os the stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO the hospital or far 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) Nat While foctory, street, office bldg., etc.) ot work 19 46, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Try 1965 1966, and that death occurred at M, fram causes ond on the date stated above. saw the deceased olive an 22b. DATE SIGNED 22 p. SIGNATURE **ATTENDING** M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S HOME ASONIC NAME (Type) director, should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. 8URIAL, CREMATION, (County) (State) REMOVAL (Specify) 10# 3 -66 Louden Park Baltimore Baltimore Md 24. FUNE WIRP PROBLEM Brooks Towson, Towson, Md. 21204 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND.21201

CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

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	m	200 M. M.	111	hosa N	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	3	14/66
	22c. PHYSICIAN'S NAME (Type		BERG	, м. р.	22d. ADDRESS	RT HOWARD, MARY		
23	o. BURIAL, CREMATI			23c. NAME OF CEMETERY OF	R CREMATORY	23d LOCATION (City or To	F.D.	(County) (Stote)
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2	4. FUNERAL DIRECTO	DR /	F	RAMPTON FUNER		SEP 2.1 1966	EGISTRAR'S SIC	gnature Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please Temave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after. Jeat 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY by the BATTIMOR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) n and completely filled in by remove carbon papers. Pag in any event, within 72 hours RALTIMORE hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4204 MILFORD MILL MILFORD Saxony Court NO X MANOR executed within NAME OF First Middle DATE Month DECEASED OF DEATH 19 (Type or print) RICHMOND AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH 6. COLOR OR RACE 8. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of workdone) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR physician lease and ir during most of working life, even if retired) At Home Housewife Poland USA certificate been signed by the attending phy the burial-transit permit. Then pl it to burial, cremation, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abraham Cymber Brenda 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Hilda Schapiro Sakony Court INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORKHAGE 2 WKS the hospital or attending physician. Conditions, If any, which gave rise to immediate DUE TO (a), stating the IABETES MELLITUS prior t this certificate has b detached for use as t e Dept. of Health prior underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this certi-director, page 3 should be detached f should be filed with the State Dept. of MEDICAL (County) (Stete) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work be retained MARCH 1963, to SEPT. 24, 1966, that IP (we) last 21. I certify that (4) (this hospital) attended the deceased from. saw the deceased alive on SEPT 24 1966, and that death occurred at 650 AM, from the causes and on the date stated above. DATE SIGNED 22b. 22a. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. Page 4 may PHYSICIAN'S NAME (Type) 22d. ADDRESS KD. 21208 4204 MILFORD STANLE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Hebrew Young Mens, Washington Blvd., Baltimore, Md. Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Sol Levinson & Bros. 6010 Reisterstown Road VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12286 CERTIFICATE OF DEATH and campletely filled in by the funeral remove carban papers. Pages 1 and 2 72 hours after death death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND certificate be executed within 24 hours after b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) FORT HOWARD necrest town) 2 DAYS BALTTMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL NO T 2535 MC CULLOH STREET event, within 3. NAME OF Middle Lost 4. DATE Day Year DECEASED WESLEY JAMES BROWN (Type or print) DEATH S SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In veors lost birthdoy) Hours Davs and in any MALE WIDOWED DIVORCED NEGRO 1-15-90 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** COAL ANNE ARUNDEL CO. MARYLAND II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. WILLIAM BROWN JULIA DORSEY WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death (Yes, no or unknown) (If yes give wor or dates of service) 218 30 63 CLIN REC VAH FT HOWARD MARYLAND crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET TAND DEATH PART I. DEATH WAS CAUSED BY: RUPTURED COMMON ILIAC ARTERY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO ARTERIOLOSCIEROTIC CARDIOVASCULAR DISEASE YEARS Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health 1 CERTIFICATION YES A. WITH PROBABLE MILD PULMONARY EDEMA 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 40 OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (X) (this haspital) attended the deceased fram Sept. 16 19 66, ta Sept. 18, 19 66, that (X) (we) last saw the deceased alive an Sept. 18, 19 66, and that death accurred if 35 a M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** DIRECTOR M.D. PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) HANDWERGER, M.D. VET ADM HOSP ROBERT FT HOWARD MARYLAND 23o. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE THEREQ 23c. NAME OF CEMETERY OR CREMATORY (County) (State) ST. JOSEPH CEMETERY TEXAS 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 FUNERAL HOME. 1701 MCCULLON ST. BALTIMORE, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the Baltimore Maryland MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ .⊑ Owings Mills Baltimore 21217 papers. nin 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Rosewood State Hospital 1702 McKean Avenue NO DE completely five carbon p YES executed within 3. NAME DE First Middle Last DATE Month Day DECEASED 66 (Type or print) BROWN DEATH Lorretta 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | remove 5. SEX DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. | 9. any and Female Negro WIT 11-28-65 WIDOWED DIVORCED = 10b. KIND OF BUSINESS OR sician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Dependent

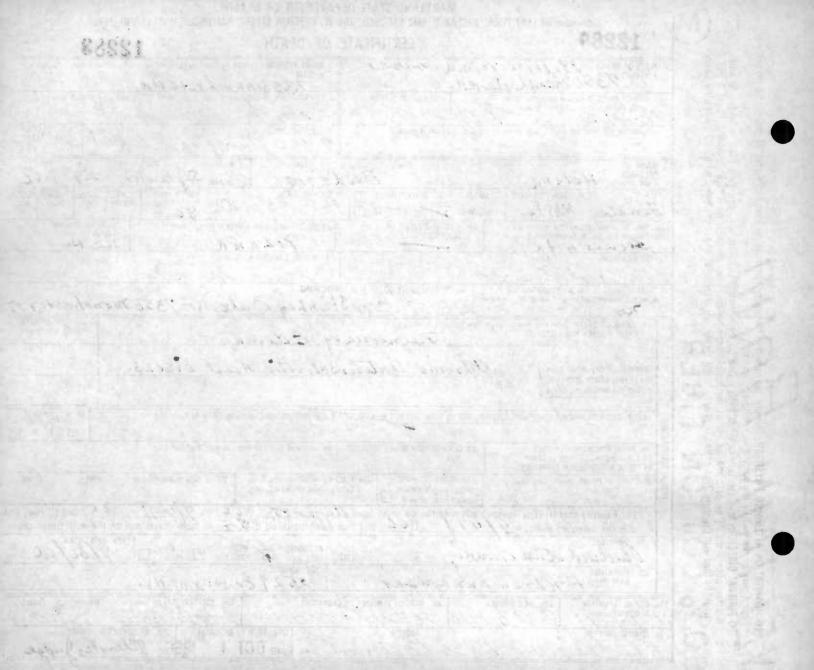
13. FATHER'S NAME Baltimore, Maryland none 14. MOTHER'S MAIDEN NAME Willie James. Viola Lorretta Smith attendi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Rosewood Records, Owings Mills, Maryland none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by turial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ressing interm IMMEDIATE CAUSE (a) 010831110 8 been s. DUF TO Conditions, If any, which Hydroceohalus gave rise to immediate DUE TO cause (a), stating 0 Dirtle certificate has the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES NO F 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) After this certif be detached for State Dept, of I OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work 21. I certify that M (this hospital) attended the deceased from 19 FUNERAL DIRECTOR: shoul , and that death occurred at 30PM, from the causes and on the date stated above. saw the deceased alive on Occ 1966 3 sho 22a. SICNATURE 22b DATE SICNED MED. M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 ADDRESS FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 966 VR AI5 (4) DATE 20M 1/65

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	_ e ==	5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. INFORMANT 18
	lat the death lan. ed by the atte	ion,	unkn - Winten Husband Belvie Ave. lengszille
	the .	mal	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
	hat thician.	, cr	PART I. DEATH WAS CAUSED BY Ardio Laspiratory failure ONSET AND DEATH ONSET AND DEATH
	ires that physician signed I burial-trai	uria	Conditions, If any, which DUE TO Intracrumial Harmondage
	law requires that tattending physician. Has been signed been signed by the burial-tran	2	gave rise to Immediate Cause (a), stating the DUE TO
	ttend has b		underlying cause last. (c) William of Circle of William
	The law requires that the or attending physician. sate has been signed by the use as the burial-transit	丰	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISCASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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	OR ATTENDING be retained by JIRECTOR: After se 3 should be		21. I certify that (I) (this hospital) attended the deceased from 9-26-66, 19, to 9-28, 1966, that (I) (we) last
	or ATTENDII y be retained DIRECTOR: Af	th t	saw the deceased alive on 9-28-1966, and that death occurred at 6-155M, from the causes and on the date stated above.
	be r	× 0	22a. SIGNATURE Press V Chiller ATTENDING MED. STAFF 22b. DATE SIGNED
	AL lay	<u>{</u> 4=	22c. PHYSICIAN'S NAME (Type) RAM K. CHHILLAR 22d. ADDRESS NAME (Type) RAM C. CHHILLAR
	HOSPITAL age 4 ma FUNERAL	d be	NAME (Type) RAM K. CHHILLAR Greater Baltinine Med. Center
	O HOSPITAL Page 4 may O FUNERAL director, pa	should be	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City, town or county)
	7 5	J,	Cremation 10/1/66 Additionally billimore, 191
	100	ap.	A Della J. 1900 Horse he OCT 2 1900 and
	VR A15 (4 20M 1/6		(De Motvellon Jude) DATE OF 3 19106 Charles Judge
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1 (MI	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	12289 CERTIFICATE OF DEATH 12283
within 24 hours after death lely filled in by the funeral bon popers. Pages 1 and 2, within 72 hours after death	1. PLACE OF DEATH a. COUNTY 73 50 Manchastered. b. ETTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
n 24 ho Illed in the popers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 7 350 Manchester (Park 1988) e. IS RESIDENCE ON A FARM? YES NO
tuted withi	3. NAME OF DECEASED (Type or print) Helena Sudzilc OF DEATH Seftember 29, 19 66 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Ogs birthday) Months Days Hours Min.
physicion and en physicion and en please remo	Female White WIDOWED DIVORCED 880-3-20 lost birthday) Months Day's Hours Min. 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if refired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 20.5, 20.
eath certifica anding physic nit. Then ple or removol, c	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ot the d the atte nsit pern motion,	(Yes, na or unknown) (If yes give war ar dates af service) 2/3 -07-55+18 Stankey Bukz/15-7356 Manchester R 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), stating the underlying cause (b) DUE TO DUE TO
YSICIAN: The low re ospirol or ottending certificate hos been then for use os the the for use os the lot. of Health prior to bot.	Second Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was autopsy Performed? Yes No 19. Was autopsy Performed? Yes 19. Was autopsy Performe
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OR ATTENDING DIRECTOR: After ge 3 shauld be led with the Stot	Haur a.m. p.m. 19 While at work at work factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from Linguist 5, 1966, to 9/2-9/1, 1966, that (I) (we) la sow the deceased olive an 1966, and that death occurred at 37 M, from causes and on the date stated above 22a. SIGNATURE Liebber
TO HOSPITAL Poge 4 moy Poge 5 to FUNERAL director, pog should be file	230. PLINTAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15. F. Shee - 1930 Casterne Con Date OCT 4 1986 Clearles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

12254

	1660	,		CERTIFICATI	L OI DEATH		1000) X		
	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived,		idence befare	admissian	1)
	a. COUNTY	Baltimore		MARYLAND	o. STATE Mary	land	b. COUNTY	Baltin	nore	
	b. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or		write RURAL and			
	write RURAL one	give neorest town) Howard		9 Days	Pol+	imore - D	made lile		13.	1
		AL OR INSTITUTION (If not	in hospital o		d. STREET ADDRESS	THOLE - D	mark	- P	. IS RESIDE	ENCE
		ans Adminis				Ilona Dair	+ Dood		ON A FAR	RM?
2				Middle		llers Poir	Month Month	Doy	Year	
J.	NAME OF DECEASED	Firs	SELL	ERNEST	BUTLER	O.E.				
-	(Type or print) SEX				B. DATE OF BIRTH	DEATH SEPT	-	DER 1 YEAR	19 60 IF UNDER 2	-
٥.	Male	White	7. MARRIED	NEVER MARRIED	7/19/15	Last bir	thdoy) Mont		Haurs	Min.
			WIDOWED	DIVORCED XX		1 27	yrs.	2. CITIZEN OF	MULAT	
	o. USUAL OCCUPATION ring most of working	(Give kind af work dane life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& Stote, or foreign coun	fry)	COUNTRY?	WHAI	
	Laborer	,		Steel	Mill Hal		vania	U.S.	Α.	
13.	. FATHER'S NAME	mı	77		14. MOTHER'S MAIDEN					
		Thomas F.				t E. Pathe				
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service		INFORMANT		Address			
(11	Yes	WW II	20	2-09-15-84 C	lin, Records,	VAH. Fort	Howard	. Mary	rland	
-	1B. CAUSE OF D	ATH (Enter only one cause	e per line for					INTE	RVAL BETW	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) CI	RCULATORY COL	LAPSE			MINT	STANS DE	AIH
	4201	DUE T						3 1		
	Conditions, if ony		b) MY	OCARDIAL INFA	RCTTON			DAT	YS	
	rise to immediat			STERIOR-INFER		AR ARTERY			8-11	
	lost.			ROMBOSTS	rest Omendan	MARC MARCHINEL		DAY	YS	
	PART II. OTHER SI	GNIFICANT CONDITIONS CO		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	T 1(a)	19.	WAS AUTOF PERFORMED	PSY
CERTIFICATION	1422 - 12	Ment - 100 mg					A Physical		ES N	NO XX
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CERT	OR CONTRIBUTING	CAUSE OF DEATH			(0)					
		MEDICAL EXAMINER) JRY Month, Doy, Yeor	204 1	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m. 20f. (City ar	tawn)	(Caunty)	(S	itate)
MEDICAL	Hour o.t	n.	While	Not While for	ctory, street, office bldg., etc.	.)		, , , , , ,	(
	p.i		at war		8798	1066 +- 6	161	10 66 44	mt =(d) (-1 (au
	21. I certi	ry that (1) (this hasp	o /6 /	ded the deceased fram_ 19_66, and the	at death accurred a	1700, 10 S	courses and a	19 <u>66</u> th	w stated	ve) ia
	220. SIGNATURE	eceased alive an	7/0/	17 00 , and m	ui dealli accorred d	H C H J MI TIGHT		b. DATE SIGNI		abave
	220. SIGNATURE	1-11	7/	/.	A.D. PHYS.		AFF X	9/7/6		
	22c. PHYSICIAN'S	wed of a	Hond	everye N	A.D. PHYS. L	DIRECTOR L PH	75.	7/1/0		
			HANDWE	RGER, M.D.		PITAL, FOR	T HOWAR	D. MAT	RYTAN	ח
00	<u> </u>			23c. NAME OF CEMETERY OF		23d. LOCATION ((Caunty)		ate)
23	 BURIAL, CREMATION REMOVAL (Specify) 								1	
-	REMOVAL (Specify Burial			Cedar Hill		DBY REGISTRAR	Drings.	Penns	ylvar	nia
2	4. FUNERAL DIRECTO			7922 Wise Aver	iue or	P 1 KEG 186	200. 1701311	The Carlot	The same	
	John J.	Duda		Baltimore. Man	ryland DATE			100		

DATES

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please semove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, cremation, or remaval, and in any event, within 72 haurs after death. Poge 4 may be retained by the hospital or ottending physicion. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death.

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				o.Call
Inspects	more also James J.			
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12	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	IARYLAND
# 150 m	12291 CERTIFICATE OF DEATH 1228	5
after death. the funeral ges 1 and 2 after death.	1. PLACE DF DEATH a COUNTY Baltimore County MARYLANO 2. USUAL RESIDENCE (Where deceased lived, If institution: R b. COUNTY b. COUNTY	esidence before admission)
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24 ho filled papers. iin 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Mount Wilson State Hospital 419 DUNCAN SX	9. IS RESIDENCE ON A FARM? YES ND
within pletely arbon nt, with	3. NAME OF OECEASEO (Type or print) John Rocco Callo 4. DATE Month OF OF DEATH SEPTEMBE	0ay Year -27 1966
refutions be executed within 24 hours adding physician and completely filled in by Then please remove carbon papers. Pagremoval, and in any event, within 72 hours	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. OATE OF BIRTH last birthday) WIOOWEO DIVORCED 1-23-19232 9. AGE (In years IFUNDER Months) WIOOWEO VIV.	
e be e sician sician and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. Clauding most of working life, even if retired) 12. Clauding most of working life, even if retired) 13. Clauding most of working life, even if retired)	TIZEN OF WHAT
ath certificate be e attending physician rmit. Then please in, or removal, and in	13. FATHER'S MAIOEN NAME COLLO 14. MOTHER'S MAIOEN NAME CONSELLO	
5.4.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 217 - 69 - 6-53 Records, Mt. Wilson State Hos	pital
The law requires that the death control or attending physician. ate has been signed by the attend use as the burial-transit permit. Additional or to burial, cremation, or remaith prior to burial, cremation, or remains.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TD Conditions, if any, which gave rise to Immediate (b) OUE TO Conditions, if any, which gave rise to Immediate	INTERVAL BETWEEN ONSET AND DEATH
AN: The lotal or a pital or a rtificate of for use of Health	Cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 20a. ACCIDENT WAS UNDERLYING DECENTION OF DEATH DR. CONTRIBUTING DECENTION OF DEATH DR. CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION	19. WAS AUTOPSY PERFORMED? YES NO
PHYSI the hor this detacl	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) 20f. (Country of the country of	nty) (State)
	21. I certify that (I) (this hospital) attended the deceased from 9-22, 1966, to 9-27, 1966 saw the deceased alive on 9-27 1966, and that death occurred at 3PM, from the causes and on the	c, that (I) (we) last ne date stated above.
OR be	M.O. ATTENDING MED. STAFF DIRECTOR PHYS. 9-	27-66
O HOSPITAL Page 4 may O FUNERAL director, pag Should be fill	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland	
Page To Find direction with the short of the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION City, town or countries of the cou	4
VR AI5 (4) 2DM 1/65	FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR 25	s signature
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page 0 of death, MARYIAND 3 b. CITY OR TOWN (If outside corparate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) and write RURAL and give nearest town) after MIDDAE RIVER d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs HICKA Item 18. Give Pages ate HICKAM YES NO Z. death. 3. NAME OF Middle First 4 DATE Doy Month Year DECEASED within 66 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED lost hirthdoy) Months Hours FEMALE WIDOWED DIVORCED haurs WHI event and 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 81RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT most of working life, even if retired) INDUSTRY COUNTRY? pages I NON .⊆ Examiner T3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil WILLIAM File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT be executed Address rd "pending" in Chief Medical E permit. Solun remayal (Yes, no, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one cause per line, for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 IMMEDIATE CAUSE (a) certificate shauld writing the ward crematian, DUF TO Conditions, if ony, which gove to rise to immediate couse (o). DUE TO stoting the underlying couse 0 forwarded last 05 burial, used (19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION This please execute the certificate. NO YES prior ta 4 shauld be 20o. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ **EXAMINER:** CAUSE OF DEATH agent, MEDICAL 2Dd. INIURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Month, Dov. Yeor (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page ot work ot work its designated 21. I certify that I took charge af the remains described above, held an Autopsy Inspection 19 Inquiry 1 and in my opinion the funeral director. death resulted from: Suicide Natural causes Accident Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY OL DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23g. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Slote) 50 REMOVAL (Specify) BELAIR URIAL 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR A15ME DATESEP 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY delay is and 3 to M3. Poge o. STATE b. COUNTY of Baltimore Baltimore deoth. MARYLAND Maryland Deportment c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)

Dundalk after 40 Yrs. Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form in Item 18. Give Poges 1, 72 hours 704 Old North Point Rd. 704 Old North Point Rd. YES NO X 24 hours ofter deoth. 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED 1966 M. 22 Evelyn Carson September within (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years lost birthday) Months Days Hours 3/31/07 White Female WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired)
Housewife KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland U. S. A. pencil Examiner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within = George Roberts Charlotte Young gud 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Maryland the Chief Medical permit. (Yes, no, or unknown) (If yes give wor ar dates of service removol pending" 220-20-9632 704 Old N. Pt. Rd. Dundalk No Harry Carson CAUSE OF DEATH (Enter only one couse per line (o) (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Ronav cremotion, or IMMEDIATE CAUSE (o) This certificate should icate, writing the word be forwarded to the Ch DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 00 burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) pleose execute the certificate, NO X YES designated ogent, prior to HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. EXTERNAL CAUSE WAS should should PRIMARY Or CONTRIBUTING O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Your Hour o.m. factory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry x and in my apinion be retained for the funeral director. death resulted from: Natural causes x Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE X 6800' Mornington Rd. 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Melvin B. Davis Health Address (Street, city, town, or county) Dundalk. NAME (Type) Md. 21222 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 0 REMOVAL (Specify)
Burial 9/26/66 Oak Lawn Baltimore. Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15ME (5) 1966 7922 Wise Ave. Dundalk. Md. John J. Duda 6M 1/66

ASSET THE STREET AND DESCRIPTION OF THE TRAINING OF THE TRAINI 4 to vertice education of . Dr. Fried Limit Date . 12 SLEEDE . M. . C. . S. . S. . Will Downey Wester P. Towney St. . DE HOSENSKIE LOUA 20 mivin . Friving dollar or many that with the court of all of

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Mary and Baltimore b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town hours = Daniels
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS bon papers. within 72 hc filled e. IS RESIDENCE ON A FARM? 69 Guilford Road 69 Guilford Road NO 4 within etely completely ve carbon 3. NAME OF First Middle Month Last DATE Year DECEASED event, 1 (Type or print) ASA CASSELL DEATH Sept. 2.1966 19 5. SEX 6. COLOR OR RACE emove DATE OF-BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. any and Male White WIDOWED [Feb. 18.1894 = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ician 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Farmer Gass .W. Va. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Cassell CURRY Louisa transit permit. The cremation, or tem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Virgie Cassell. 69 Guilford Rd. Daniels CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c). INTERVAL BETWEEN law requires that the al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a signed the burial, c DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health The certificate PERFORMED? NO NO YES the hospital PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) t. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING p.m at work at work retained should ith the 21. I certify that (I) (this hospital) attended the deceased from 19 C.C. to OIRECTOR: age 3 should lied with the and that death occurred at 9 % M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED **9**e page ATTENDING MED. DIRECTOR STAFF M.D. PHYS. PHYS. 4 may FUNERAL 22C. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) -1966 Ellicott City, Md Good Shepherd Burial 24. FUNERAL DIRECTO ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A.15 (4) . Higinbothom Ællicott 20M 1/65

30661 极大学 Pristrycky amart full Total Smore efeind. Local Death on Co. Shell, Z. Lesk 72 72 The parameter of the etones: THE D - BELOOK - THE PARTY OF T Ciscos Cacalla with the trooping of the Virgin Cassall, 69 Outlier to Link the The time to the const HE IN THE SERVICE AND A SERVICE OF SERVICE bundend boot first-i-C raid wait stong life, not odulenia.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12296 CERTIFICATE OF DEATH death. filled in by the funeral papers. Pages 1 and 2 thin 72 haurs after death. The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) MARYLAND Maryland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled in nave carban paper YES NO Q Holly Hill Manor Nursing Home 23 Lambourne Rd 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED September (Type or print) Fannie May Chase DEATH 19 66 S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED X lost birthdoy) Doys Hours WIDOWED DIVORCED April 30, 1877 White Female and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician c please during most of working life, even if retired) COUNTRY? INDUSTRY E I 13. FATHER'S NAME Baltimore, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Hannible H. Chase Frances E. Newell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 214-46-7559 Miss Florence H. Chase 23 Lambourne Rd. No INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: burial-transit ONSEL AND DEATH nonany reclusion IMMEDIATE CAUSE (o) signed by DUE TO burial, 20 Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the prior ta O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO P far 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram. 1906, that (1) (we) last thrughy 1960 to six quet 3196, and that death accurred at good M, from couses and on the date stated above saw the deceased alive an_ 220. SIGNATURE 22b. DAJE SIGNED STAFF M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld b 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore, Maryland 9/3/66 Loudon Park Cametery Buréal 1966 Charles Judg 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR SEP 6 Wm. Cook-B ooks Towson Inc. 1050 York Rd. 21204 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12293 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death. an and campletely filled in by the funeral disentemaye carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore Maryland b. COUNTY ease cemave carban papers. Pages 1 and is any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. Towson Baltimore 21212 d. NAME DF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 1041 Reverdy Rd. YES NO DE 3. NAME OF Middle 4. DATE First Lost Manth Day Year DECEASED Coates Nora Louise September 19 66 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last pirthday) Manths Haurs Days 11-13-1908 Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Homemaker 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY signed by the attending physican burial-transit permit. Then please burial, crematian, or removal, and New York U.S.A. 13. FATHER'S NAME Lonzo R. Bice 14. MOTHER'S MAIDEN NAME Nora O'Donnell 1S. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address William H. Coates Same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Congestive heart failure IMMEDIATE CAUSE (a) DUE TO Rheumatic valvulitis. Canditians, if any, which gave (b) rise to immediate couse (o), DUE TD stating the underlying cause Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been irectar, page 3 shauld be detached far use as the directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 🔀 NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) factory, street, office bldg., etc.) Haur o.m. Nat While at wark at wark 21. I certify that (4) (this hospital) attended the deceased fram 9/17/ 1966, ta 9/25/ 1966, that (5) (we) last saw the deceased alive on 9/25/ 1966, and that death accurred at 8:45 M, fram causes and an the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. L. - 3MD. 9/25/66 22d. ADDRESS 22c. PHYSICIAN'S Reynaldo Orjuela-Gomez, M.D. 7620 York Rd., Baltimore, Md. 21204 NAME (Type) 23b. DATE THEREOF 9/28/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, (County) (Stote) BRINOYA (pecify) Balto, National Cem. Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 SEP 1966 Leonard J. Ruck Inc. Balto. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 2, and 3 to PM3. Page o. COUNTY Baltimore o STATE Maryland b. COUNTY ot after death. MARYLAND b. CITY DR TOWN (If outside corporate limits, c. LENGTH DE STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) Baltimore d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC Office alang with farm hours Miller's Island 3002 Frisby Street. Back River. the State YES be executed within 24 hours after death. 3. NAME OF Middle 4. DATE Lost Month DECEASED (Type or print) JOHN COFFEY within 7 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS NEVER MARRIED lost birthdoy Months White May 4, 1909 Malle WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Maruland Painter .⊑ the Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Kreinina oseph 17 INFORMANT 16 SOCIAL SECURITY NO If If yes give wor or dotes of service Claudia (offey 3002 Frisby Street Balto. remaval no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH DROWNTNG. OL IMMEDIATE CAUSE (o) This certificate shauld Ward crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse OS burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO PO 10 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injugy in Port I or Port II of item 18.) priar PRIMARY OF CONTRIBUTING CAUSE OF DEATH its designated agent, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Yeor (City or town) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above; held on Autopsy Inspection Inquiry Notural couses the funeral directar. deoth resulted from: Accident 17. Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** MELVIN B. DAVIS, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. 8URIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 Raltimore 24. FUNERAL DIRECTOR 250. REC'D 8Y REGISTRAR A. Moran, Inc. 3000 E. Balto. St. Balto. VR A15ME (5) DATE

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SPITAL O	or, page		22c. Physician's Name (Type) Manuel S. Cockburn, M.D.	7620 York Road, Baltimore, Mc	1. 21204
-	1		d. BURIAL, CREMATION, PERMOVAL (Specify) 4. FUNERAL DIRECTOR ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	aunty) (State) NATURE
	VR A15 (4) 20 M 1/66	N	CINASSIA, BIVIIVE,	MC DATE SEP 7 1986 School	en Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12301 executed within 24 hours after death. death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH o. STATE MARYLAND o. COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

FORT HOWARD c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 54 DAYS BALTIMORE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) and campletely filled in 2012 WOLFE STREET VETERANS ADMINISTRATION HOSPITAL YES NO X 3. NAME OF First Middle 4 DATE attending physician and campletely formit. Then please remave carban Lost Month Doy Year DECEASED A CONYERS SEPTEMBER 28 19 66 WILLTE (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Hours and in any WIDOWED DIVORCED MARCH 29, 1946 MALE NEGRO 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR requires that the death certificate be COUNTRY? during most of working life, even if retired) INDUSTRY BALTIMORE, MARYLAND U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Milton Wiggins Fannie Conyers or remove 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no or unknown) (If yes give wer or dates of service) 732 64 7123 CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
BRONCHOPNEUMONIA INTERVAL BETWEEN RECEAND DEATH burial-transit IMMEDIATE CAUSE (o) þ Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO GLIOMA AND MASSIVE TUMOR OF BRAIN UNKNOWN. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse far use as the l f Health prior to b last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION YES TY NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 21. I certify that (4) (this hospital) attended the deceased from Aug. 5, 1966, to Sept. 28, 1966, that (4) (we) last saw the deceased alive an Sept. 28, 1966, and that death accurred at 0:45 M, from causes and on the date stated obove. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING 9/29/66 DIRECTOR directar, page 3 should be filed v M.D. PHYS 22d. ADDRESS 226. PHYSICIAN'S VAH FORT HOWARD, MARYLAND NAME (Type) MILTON GINSBERG. M. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL (Specify) 10-3-66 BALTIMORE NATIONAL CEMETERY BALTIMORE, MARYLAND 2Sb. REGISTRAR'S SIGNATURE Marshall's W. Jones, Jr. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Miarley Judg 1966 1735-37 Harford Ave. DATE

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FOR STATE HEALTH DEPT.	12302 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12296
	1. PLACE OF DEATH a. COUNTY Country Co
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cessar funer may l arime r deat	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
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lelay cessary, and 3 to the funeral Page 5 may be State Department hours after death.	105 Birduood Au= (05 Birdusod Ave VES NO 10
M3. M3.	3. NAME OF DECEASED (Type or print) BERTHA JOSEPHINE COOK DEATH SEPT 6 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 HRS. last birthdey) Months Days Hours Min.
er deat live Pag with 1 and 2	10a. USUAL OCCUPATION (Give kind of work done 1 10h. KIND OF BUSINESS OF 111 BIETHELD ACE (State or foreign country) 12 CITIZEN OF WHAT
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EXAMINER. This certificate should be executed within 24 hours after death. If he certificate, writing the word "pending" in pencil in item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. Tols: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with lesignated agent, prior to burial, cremation, or removal, and integrated event within	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
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ATIFIE DE PAGE	p.m. 19 et work et work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
EXAMINE Certificate Certificat	death resulted from: Natural causes, , Accident , Suicide , Homicide , Undetermined manner
S de	ACTUAL COLUMN CONTROL CALLER MEDICAL EXAMINER CONTROL ASSISTANT MEDICAL EXAMINER CONTROL 22. DATE SIGNED
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TO DEPUTY please e director. retained TO FUNER! of Health	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 9-9-66 APrice Cem. Classe Month Co. Mil.
B	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR AISME (5) 5M 1/65	Freez Caranage Std. Calonsullema, DATE SEP 3 1966 Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1600	3	GERTIFICAT	E UP DEATH	12	291
PLACE OF DEA a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDEN a. STATE Mar	CE (Where deceased lived, If Instyland b. COUN	titution: Residence before admission) ITY
b. CITY OR TO write RUR/	OWN (if outside corporate limits, AL and give nearest town) TOWSON	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (III		ite RURAL and give neerest town)
d. NAME OF H	IOSPITAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Joseph Hospital		161 N.	Potomac St., 2	21224 ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print		Middle	Corso	4. DATE Month OF Sept	Day Year t. 5, 19 66
sex Male	6. COLOR OR RACE 7. MARR WIDOW	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2-28-98	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUP. during most of wo	rking life, even If retired)	b. KIND OF BUSINESS OR INDUSTRY ethlehem Steel	11. BIRTHPLACE (C	ounty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
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I 18. CAUSE O	F DEATH [Enter only one cause p				I INTERVAL BETWEEN
	·				ONSET AND DEATH
23-	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bas	liar Artery thro	mbosis with	contributory	
00		eriosclerosis			
Conditions, I	f any, which (b)				
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PART II. OTHER	IT WAS UNDERLYING 20b ITING CAUSE OF DEATH IOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f injury in Part I or Part II o	f Item 18.)
Hour a	a.m. Wi	d. INJURY OCCURRED 20e. PLA facto work at work	CE OF INJURY (Home, fory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
21. I cert	tify that 70 (this hospital) atte	ended the deceased from S	t death occurred at	966, to Sept. 5,	, 19 <u>66</u> , that AF (we) last and on the date stated above.
22a. SIGNAT	URE	la 1. M.	ATTENDING	MED. STAFF DIRECTOR PHYS.	Sept. 6, 1966
22c. PHYSIC NAME ((Tuno)	ela-Gomez, M.D.	7620 Yor	k Road, 21204	
23a. BURIAL, CRE REMOVAL (S	EMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
24. FUNERAL DI	RECTOR	ADDRESS OF	Faith Comp	CONTREGISTRAR 256. R	ESTE MAR'S STENATURE
John A. A	Noran, Inc. 3000	E. Baltimana S	DATE	EL O 1900	0

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death d campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND papers. Pages 1 hin 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 21224 Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 131 N. Kenwood Ave. St. Joseph Hospital YES NO rémave carban 3. NAME OF Middle Lost 4. DATE First Doy Year DECEASED (Type or print) Roger 1966 Cox September DEATH IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED lost birthdoy) Months Doys Hours January 12, 1905 Male WIDOWED White 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? the attending physician sit permit. Then please during most of working life, even if retired) INDUSTRY Bethlehem Steel Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Franklin E. Elizabeth Carver IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 21206 213-07-6044Mr. R F. Cox 7911 Roseland ave. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Myocardial infarction. IMMEDIATE CAUSE (a). Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Arteriosclerotic cardiovascular disease. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. af Health NO S 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (4) (this haspital) attended the deceased fram. 9/23/ , 1966, that (We) last 19 ta_ shauld 19 66, and that death accurred at 2:45 M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** 9/23/66 M.D. directar, page 3 should be filed min ADDRESS 22d. Ramon P. Lopez, M.D. 7620 York Rd., Baltimore, Md. 21204 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b, DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial 9-27-1966 Oaklawn Cemetery Baltimore, Maryland
Y REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) 20 M 1/66 Bernard Dabrowski 2818 E.Baltimore St. 1966 Misselm

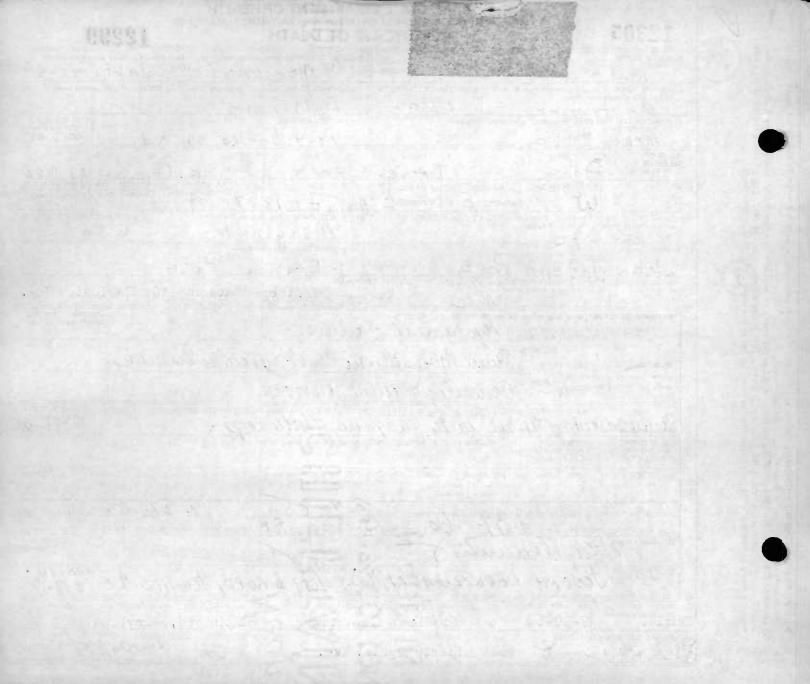
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. C	
22c. PHYSIGIAN'S 22d. ADDRESS / 22d.	22b. DATE SIGNED
NAME IT THE PARTY OF THE PARTY	3IGNED
THE CONTRACTOR OF STATE OF THE	the matero.
7 - 7011 11150219 11600	412 20 21207
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, the Control of Control	own, ar caunty) (State)
Burial 9-30-66 Woodlawn Cemetery Baltimore	Maryland
	REGISTRAR'S SIGNATURE
White Court 4600 Liberty Hghts. Ave. DATE 3 0 1966	Charles Jus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 urs after MARYLAND b. OITY OR TOWN (if outside corporate limits. c. LENGTH CF STAY IN 1b c. CITY OR TOWN II outside corporate limits, write RURAL and give nearest town) waite RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .⊑ bon papers. within 72 hc d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO YES within completely carbon NAME OF DATE Month Day Year DECEASED (Type or print) DEATH 19 executed remove 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. /DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. last birthday) in any Months I and Days Hours WIDOWED I OLVORGED 1Da. USUAL OCCUPATION (Give kind of work done) physician n please r 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) and im ore The law requires that the death certificate FATHER'S NAME attending physical Then principle in the MOTHER'S MAIDEN NAME 75. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or date for service) transit permit. 17. Address in signed by the burial-transit p burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY **D HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 20 DUF TO Conditions, If any, which this certificate has been detached for use as the b Dept. of Health prior to b gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTDPSY PERFORMED? 19. YES NO T 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) det (County) Not While factory, street, office bldg., etc.) Hour a.m. p.m at work at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 8:27-19.66. saw the deceased alive on and that death occurred at 5.15 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE A15 (4) DATE 1/65

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£ 502	CERTIFICATE OF DEATH
24 hours after death filled in by the funeral papers. Pages 1 afto 2 n 72 hours after death	1. PLACE DF DEATH a. COUNTY Baltimore County MARYLANO 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY
rs aft by th Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Mount Wilson C. LENCTH OF STAY IN 1b
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led led	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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executed within and completely remove carbon in any event, within	3. NAME DF First Middle Last 4. DATE Month Day Year
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bhys cate	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
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	Records, Mt. Wilson State Hospital
an the deat an I by the at ransit perm	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
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AN: pital d fo of H	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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PHY the this deta deta e De	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 work 19 20f. (City or town) (State) 20f. (City or town) (State) 20f. (City or town) 20f. (C
NG by fter be stat	P.m. 19 While at work at work at work
	21. I certify that (I) (this hospital) attended the deceased from 17. 1966, to 9.28, 1966, that (I) (we) last
CTO Sho	saw the deceased alive on 9. 25. 1966, and that death occurred at 1452M, from the causes and on the date stated above.
AL OR I nay be I IL DIREC page 3 filed w	22a. SICNATURE M.O. PHYS. OIRECTOR PHYS. 22b. DATE SIGNED 22b. DATE SIGNED 9. 28.66.
PITAL 4 may cor, pagor, pagin be fill	22c, PHYSICIAN'S
O HOSPITAL Page 4 may O FUNERAL director, pa	mwm. Name (Type) M.D., Superintendent Mount Wilson, Maryland
TO HOSPITAL OR ATTEN Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with th	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Surial Specify 10-2-66 STEVENSON GROVE A.M.E. SORTAN BUTA. S.C.
	BUTIAL SPECIAL STEVENSON BROVE A.M.F. SONTANDUTG. S.C. 24. FUNERAL DIRECTOR (ADDRESS 1250. REGISTRAR'S SIGNATURE)
VR AI5 (4)	mortand 170 Lams St DATESEP 29 1966 generales judge
20M 1/65	DATE OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH

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Relatione County
Nount Allison

Mount Wilson State Hospital

TO THE RESIDENCE OF THE PARTY O

April 1

Records, Mt. Mileon State Hospital

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min. evenings, s.D., Superintendent Mount Wilson, Maryland

	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	VIAND
	h. 2al h.	12308 CERTIFICATE OF DEATH 12302	ILAND
	funeral land 2 catch.	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Reside	ence before admission)
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	hours after d in by the rs. Pages	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and	give nearest town)
4	hou din in its.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	n 24 hc y filled papers. hin 72 h	Manaux Mount Wilson State Hosp. Hoston Boarding Home	YES NO Z
	uted within 24 ho completely filled in yee carbon papers, event, within 72 h	3. NAME DF DECEASED (Type or print) HARLAND ERVIN DECOST DEATH SELDT	1966
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, the hospital or attending physician. this certificate has been signed by the attending physician and completely filled in by the funeral detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 e Dept. of Health prior to burial, cremation of the property and in any event, within 72 hours after death.	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 4. 8. DATE OF BIRTH WIDOWEO OIVORCED 5-13-07 9. AGE (In years IFUNDER 1 YE Last birthday) Months Oay O	AR IF UNDER 24 HRS.
	e be execu sician and ease remo and in any		EN OF WHAT
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	rtific ing p	Howard De Cost Sadie - Sembowe	20
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	ires that the deal physician. I signed by the al burial-transit perr burial, cremation	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio selevatic Heart Disease O	NTERVAL BETWEEN ONSET AND DEATH
	that sicial med al-tra al, cr	OUE TO	6 m 5
	phy phy n sig buri buri	Conditions, If any, which gave rise to immediate (b)	
	requir iding p been the bl	cause (a), stating the OUE TO	
	law re attendii has be e as th h prior		9. WAS AUTOPSY PERFORMED?
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	PHYSICIAN: the hospita this certif detached for e Dept. of h	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 Pulmondry Tuberculosis 2Da. ACCIDENT WAS UNDERLYING DEATH OR CONTRIBUTING DEADER OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
		20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While	(State)
	ATTENDING retained by CTOR: After i should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from 16-7, 19/5, to 9-4, 19/6,	that (I) (we) last
	retail retail ECTOR 3 shot with t	saw the deceased alive on 9 7 19 66, and that death occurred at 7 3 M, from the causes and on the d	
	AL OR Jay be 1 AL OIRE 3 page 3 page 3 filed w	22a. SIGNATURE M.O. ATTENOING MEO. OIRECTOR PHYS. 22b. DATE OIRECTOR PHYS. 27b. DATE	8-66
	TO HOSPITAL OR ATTEN Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with th	22c. PAYSICIAN'S 22d. ADDRESS 22d. ADDRESS Wm. Newcomer, M.D. n Superintendent Mount Wilson, Maryland	
	Pag Pag To Fu dire shou	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) Decy Pork, Gari	. 11
	VR AI5 (4)	24. FUNERAL DIRECTOR AND CALLED ADORESS (25a. REC'O BY REGISTRAR'S SI OATE SEP 13 1966 Charles	GNATURE
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Mis. New Stager, M. D. A. Superintendent Hount Wilson, Maryland

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12313
76 /	PLACE DF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. CDUNTY b. CDUNTY Baltimore
urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town)
in any event, within 72 hours	Pinehurst abt.8 yrs. Pinehurst 08.1
10	d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) at her home-112 Midhurst Road 112 Midhurst Road 21212) e. IS RESIDENCE ON A FARM? YES \(\subseteq \) No \(\subseteq \)
3.	NAME OF DECEASED (Type or print) Mrs Pearle Burling DeHoff DeATH September 26 19 66
10	SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. Female White WIDOWED DIVORCED July-31-1880 86 yrs. a. USUAL OCCUPATION (Give kind of work done in Divorced last birthday) 12. CITIZEN DF WHAT COUNTRY? II. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
13	none none Ludlowville, N.Y. U.S. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ノー	George Burling Miss Sinciphaugh
0	5. WAS DECEASED EVERTNU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (fex, no, or unkown) (If yes give war or dates of service) 229-46-1104 Dr.J.B.DeHoff (s0n) 112 Midhurst21212
	18. CAUSE OF DEATH [Enter only one cause, per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH 1-3 YRS (M)
rior to burian	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) CO
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 4
	21. I certify that (I) (this hospite) attended the deceased from SEP, 1937, to 26 SEP, 1966 that (I) (we) last saw the deceased alive on 26 SEPT 19 (Cand that death occurred at 30 AM, from the causes and on the date stated above
	22a. SIGNATURE AMED. STAFF 22b. DATE SIGNED M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
1	22c. Physicial's NAME (type) Dr. John B. DeHoff 112-Midhurst-Rd. 21212
2	Ba. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Md. 21202 Cremation Sept-28-66 GreenMount Baltimore, Md. 21202 4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	tewart & Mowen Co-108-N-North-Av Balto-2120 Late SEP 27 1966 Milanda Onland

MADVIAND OTA

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12310 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATEME HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) , 2, and ... PM3. Page o. COUNTY o. STATE b. COUNTY ate Department af death. Baltimore Florida MARYLAND delay b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Essex after Jacksonville. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE alang with farm haurs ON A FARM? Track side - Signal Bridge 879 2607 Van Ave. YES NO after death. 3 NAME OF First Middle 4. DATE 72 Lost 5 Doy Year DECEASED the within 30 (Type or print) Ernest Dervin 19 66 DEATH with 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Months Dovs Hours haurs WIDOWED colored DIVORCED Item] male event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? 24 any 5 page Examiner pencil 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME = and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service remayal. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH or Multiple injuries IMMEDIATE CAUSE (o) ward This certificate should crematian, DUF TO Conditions, if ony, which gove (b) the p rise to immediate couse (a). DUF TO e, writing the forwarded to D stoting the underlying couse lost. burial, nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION the certificate, YES x NO agent, priar ta 2Da. EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 3 shauld shauld EXAMINER: pedestrian struck by train CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Doy, Year 5:30 p.m. 9 30 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form. 2Df. (City or town) (County) (Stote) Not While railroad tracks may be retained for your FUNERAL DIRECTOR: Page 19 66 of work Essex Balto. Md. ot work please execute designated 21. I certify that I taak charge of the remains described abave, held an Autapsy [X]. Inspection Inquiry [and in my opinian the funeral directar. Accident X death resulted fram: Natural causes Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY OL DEPUTY MEDICAL EXAMINER 10/6/66 EXAMINER'S Health NAME (Type) Address (Street, city, town, or county) Werner U. Spitz, M.D.
ON, 23b. DATE THEREOF 1236. 22 NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH the attending physician and campletely filled in by the funera sit permit. Then please remave carban papers. Pages I and o. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, WOODLAWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 3726 LOCHEARN DRIVE BLOOMSBURY RETREAT NURSING HOME YES NO X 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED 15, DEXTER SEPT. 19 66 **EDWARD** CHARLES (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Months Doys Hours JULY 4, 1876 and in any MALE WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
AUTO MECHANIC **INDUSTRY** FULTON, NEW YORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OLIVE INGRAHAM JOHN DEXTER 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) ar 079-10-4248 SCOVILLE FUNERAL HOME, OSWEGO, NEW YORK INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH PRISH COSCLENOSIO CARAR - UDSCULAR IMMEDIATE CAUSE (o) DUF TO signed MELMENDAY Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)

the haspital or attending O FUNERAL DIRECTOR: After this certificate has been far use Health Page 4 may be retained by director, page shauld be filed

220. SIGNATURE 22c. PHYSICIAN NAME (Type)

20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

20c. TIME OF INJURY Month, Doy, Yeor Hour o.m

saw the deceased alive an

JOHN SHAW

20d. INJURY OCCURRED

of work

21. I certify that (I) (this hospital) attended the deceased from

23b. DATE THEREOF

9-19-66

Not While

ot work

MED. DIRECTOR 22d. ADDRESS

1960, ta

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

1966, and that death accurred at

M.D.

23c. NAME OF CEMETERY OR CREMATORY

20e, PLACE OF INJURY (Home, form,

factory, street, office bldg., etc.)

PHYS.

23d. LOCATION (City or Town)

20f. (City or town)

22b. DATE SIGNED 5800 EDMONDSON AVENUE

. 1966 , that (1) (2003) last

(County)

M, from causes and an the date stated above.

NO

(Stote)

(Stote)

23o. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR

MT. ADNAH CEMETERY **ADDRESS**

2So. REC'D BY REGISTRAR

FULTON, NEW YORK 2Sb. REGISTRAR'S SIGNATUR

VR A15 (4) 20 M 1/66

HOWARD H. HUBBARD, 4107 WILKENS AVENUE, 21229

(County)

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// = Jan 1997		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) and campletely filled in by the funeral remove carbon papers. Pages 1 and a. COUNTY b. COUNTY Baltimore -Maryland-Beltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenrock. Penna. Catonsville L2vr.17dvs d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? STATE SPRING GROVE HOSPTTAL+ NO none 3. NAME OF Middle First Inst 4. DATE Month Doy Year DECEASED 66 September 13 Clinton Dickmyer Russell 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED lost birthdoy) Dovs Hours Sept. 6, 1896 male white WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? the attending physician sit permit. Then please Maryland farming

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME F. D. Dickmyer Clara Bolinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (I) yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address unknown SPRING GROVE STATE HOSPITAL unknown Records: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Uremia IMMEDIATE CAUSE (o). signed by DUE TO Canditions, if ony, which gove Pyelonephritis (b) rise to immediate couse (a), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been the Arteriosclerotic cardiovascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X Generalized arteriosclerosis YES for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) Not While foctory, street, office bldg., etc.) ot work 21. I certify that (*) (this haspital) attended the deceased fram Aug. 26 31 saw the deceased alive an Sept. 13 19.66, and that death accurred at 19.54, ta Sept. 13, 1966, that (I) (wexclast M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED Stella Waclesler ATTENDING MED. DIRECTOR X 9-14-66 PHYS. director, page should be filed 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Baltimore, Maryland 21228 23o. BURIAL, CREMATION, NAME OF GEMETERY OR CREMATORY LOCATION (City_or Town) (County) (Stote) FUNERAL DURRCTOR VR A15 (4) 20 M 1/66 Miarles Jug 966

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1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E TOM		12313 CERTIFICATE OF DEATH 12306
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after deaths.	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
fter the 1 as 1	-	Baltimore - MARYLAND md
n by Page	13	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Towson Week Boltimore
24 hot filled in papers. in 72 ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
- O.= /3/		Dulany lower Mursing Home 3823 Elmley Ave YES NOW
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the hospital or attending physician. this certificate has been signed by the attending physician and completely filled in by the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 e Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Create Division Death 9 28 1966
compose compos	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1
and remo	10	F WIDOWED DIVORCED Nov. 9 1891 74 yrs.
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ding The The		James Wilson Mary Allender
atten atten mit.	CY	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unkown) (If yes give war or dates of service) None Mr. William E. Dixon Reisterstown Md.
the ation	=	None Mr. William E. Dixon Reisterstown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. ONSET AND DEATH
at the ian. d by ransi crem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Numerica ONSET AND DEATH 4 any
s the system of		conditions, If any, which) DUE TO Onto your relevative conditions rescular disease by in I
require ding pt been s the bu		gave rise to immediate cause (a), stating the DUE TO
aw requi ttending has been as the k prior to l	Z	underlying cause last. (c)
he la or ati ate h use alth p	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
HYSICIAN: The he hospital or a this certificate etached for use Dept. of Health	TIFIC	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
Sicil hosp s cel achec		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (State)
OR ATTENDING Por retained by IRECTOR: After ge 3 should be ged with the State	×	p.m. 70 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 1/6, 1959, to 9/28, 1966, that (I) (we) last
OR ATTENDING y be retained DIRECTOR. A age 3 should iled with the S		saw the deceased alive on 2/28 1966, and that death occurred atM, from the causes and on the date stated above.
OR A Doe ruly See 3 sed will be will b		22a. SIGNATURE MANUALE FURNING M.D. PHYS. M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 9/2 8/6 6
TAL may	,	22c. PHYSICIAN'S NAME (Type) NAME (Type) NAME (Type) NAME (Type)
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page should be filed	/	I C Mento of photo.
Short Short	23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Oct. 1, 1966 Reisterstown Methodist Reisterstown. Md.
H	2	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	_	J. F. Eline & Sons Reisterstown, Md. DATE SEP 3 0 1966 goldenles Judge

ingis: Control of the first the second control of t recould yours Rev. William A. Dixon Health and Chi. 150 ate is collected and have been to be Pale Name of the Control of the State of the E NEAD ST KALLS April 1 Det. 19 196 | uniteration demonist | Deleteration Re. the fact of the string of the section of the sectio

Land I (NA)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	12314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12307	
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before the country of th	ore odmission)
is de de fa	O. COUNTY GA, JAMARE 6. COUNTY	MIRE
ry delay is PM3. Page artment of fter death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	est town)
dela and M3. In infmet	10WSON	13-1
200	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE
Pages 1, 2, an with farm PM3 with farm PM3	ST. JOSEPH HOSPITAL 825 MORRIS AVE	ON A FARM? YES NO
haurs after death. If any delay ltem 18. Give Pages 1, 2, and 3 Office along with farm PM3. Pa, and 2 with the State Department event within 72 haurs after deat	3. NAME OF DECEASED (Type or print) I FELEN Marie DUDSON 4. DATE Month OF DEATH SEPT.	Year 19 6 2
after 8. Giv alang with t	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	
haurs after of tem 18. Give Office along vand 2 with the event within	WIDOWED DIVORCED 1-23-08 Jost highbory Months Doys	
t haurs ltem 1 Office	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN (OF WHAT
7. ii. 24	Secretary Balto. (ounty Paryland 4) USA	1
within 24 pencil in caminer's le pages le pages	13. FATHER'S NAME	
l with per Exam Exam File and	Thomas P, Murray Rose H. Flavin	
ol Ey	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
executed nding" ii Medical permit.	no none 215-18-9939 Family records	
INER: This certificate shauld be executed within 24 haurs after death. If ce certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 shauld be used as a burial-transit permit. File pages land 2 with the State Deint, priar to burial, cremation, or remaval, and in any event within 72 hours.		TERVAL BETWEEN NSET AND DEATH
and and -tra	4201 DUE TO	
we the the arial	Conditions, if ony, which gove) (b)	
ote shauld the ward to the C a burial-tr	rise to immediate couse (a), stating the underlying cause DUE TO	
fica ing rdec as	lost. (c)	
certificate shauld arwarded ta the Ci used as a burial-tro burial, crematian,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	. WAS AUTOPSY PERFORMED?
This ate, oe for ta	200. EXTERNAL CAUSE WAS 20h DESCRIPE HOW INITIRY OCCURRED. (Enter nature of injury in Part Lar Part II of item 18.)	YES NO
PREDICAL EXAMINER: This please execute the certificate, al director. Page 4 should be fretained for your files. L DIRECTOR: Page 3 should be its designated agent, priar ta	20o. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20o. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20o. Time OF INJURY Month, Doy, Yeor Hour o.m. 20o. Time OF INJURY Month, Doy, Yeor Hour o.m. 20o. Time OF INJURY Month, Doy, Yeor Hour o.m. 20o. Time OF INJURY Month, Doy, Yeor Hour o.m.	
MEDICAL EXAMINER: lease execute the certifuctor. Page 4 should stained for your files. DIRECTOR: Page 3 should stained for your files.	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
L EXAMI ecute the Page 4 for yaur R: Page 3	Hour o.m. p.m. 19 While of work of work foctory, street, office bldg., etc.)	
Pag Prag or y R: Po		d in my apinian
A ex ex dr. dd ff. gang	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	, apilia
ase ase arectained REC	CHIEF MEDICAL EXAMINER	
Ple retret	SIGNATURE Williame Filesting M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY MEDICAL EXAMINER: To necessary, please execute the certificathe funeral directar. Page 4 should b 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should Health ar its designated agent, prior	EXAMINER'S WILLIAM A. PILLSBURY DEPUTY MEDICAL EXAMINER Address (Fresh May Down / Medical Examiner)	1-3-66
he the teach	23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count	y) (Stote)
5 = + ~ 5 +	Burial 9/7/66 Dulaney Valley New Gard Cockeywille Md.	
the way of	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR'S SIGNATI	RE
VR A15ME (5)	John Burns Sons Towson, Md. 21204 DATE SEP 8 1966 Jeliarles	Judge

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 123119 CERTIFICATE OF DEATH 12315 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. emove corbon papers. Pages 1 and 2 any event, within 72 hours ofter death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH and completely filled in by the funeral remove corbon papers. Pages 1 and b. COUNTY o. COUNTY Maryland Balto. Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Baltimore, 12 Towson e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS Holly Hill Nursing Home 505 Overbrook Road YES NO XX 4. DATE Middle Month Doy Year 3. NAME OF First Lost DECEASED Harold E. Donnell Sept. 66 19 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED lost birthdoy) Months Dovs Hours 11/10/1887 M W DIVORCED WIDOWED ottending physicion and permit. Then please rem 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Maine Prisons of Md Retired - Supt. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova Laura Gilev Orren Donnell Address 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no. or unknown) ((If yes give wor or dotes of service) Mrs. Ruth Donnell (Same) 220-36-0977 Yes cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

Registers ONSET AND DEATH signed by the burial-transit p Basilar artery thrombosis vrs IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUF TO vrs. burial, Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been as the prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) detoched for use te Dept. of Heolth p CERTIFICATION YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor Not While foctory, street, office bldg., etc.) Hour o.m. While ot work 21. I certify that (I) (this hospital) attended the deceased fram February, 19 63, ta Sept. 14, 1966, that (I) (we) last saw the deceased alive an Sept. 12, 19 66, and that death accurred at 2:40M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE -STAFF PHYS. ATTENDING 15/66 DIRECTOR M.D. PHYS director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S Greenmount Ave. 3902 E. Saylor NAME (Type) Dr. Lloyd 23d. LOCATION (City or Town) (County) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 230. BURIAL, CREMATION, Burial

REMOVAL (Specify) Timonium Dulaney Valley Mem. Grds. Md 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR 4905 H.W. Jenkins & Sons Co. VR A15 (4) 1966 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1231 be executed within 24 hours ofter deoth rand completely filled in by the funeral eremove carbon papers. Pages 1 and 5 in now event, within 72 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. STATE COUNTY Baltimore Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 508 E. 39th St. Chesapeake Manor Nursing Home YES NO T Middle 4. DATE Month NAME OF Lost Year First DECEASED 1966 Sept. Dowell Esther L. DEATH (Type or print) and in ony event, 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED Months Doys Hours 21/1890 X DIVORCED WIDOWED 76 yrs. 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** please Balto Md.

14. MOTHER'S MAIDEN NAME physicion Whise Feed Co. Secretary requires that the death certificate, 13. FATHER'S NAME cremotion, or removal Bertha Lindenberg Charles Fraking 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 217-32-8936 Mrs. Elaine L. Holland, 2207 Boxmere No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or ottending physician. Defuneral Director: After this certificate has been signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 for use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While at work the Stote ot work should be 21. I certify that (1) (this hospital) attended the deceased from 1966, that (1) (we) last and that deoth occurred of 53M, from causes and anothe date stated above. saw the deceased alive on 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. ATTENDING director, poge 3 should be filed v M.D. PHYS 22d. ADDRESS 22c' PHYSICIAN'S 2900 The Alameda NAME (Type) Dr. Thomas (I Worsley 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify)
Burial Baltimore. Loudon Park 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ork Road Sons 1966 DATE

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Kurtz Jarrettsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY aTATE o b. COUNTY delay is ond 3 to of deoth. TIVE OKE MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) puo write RURAL and give nearest town) after OURS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours pending" in pencil in Item 18. Give Poges 1, of Medical Examiner's Office along with farm 00 YES 🗍 NO K ate hours after death. 3. NAME OF Middle DATE First Lost Month Year DECEASED = within DEATH 19 (Type or print) 6 with S. SEX DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours Min DIVORCED WIDOWED event 7 and 10o. USUAL OCCUPATION (Give kind of work done 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 24 COMPAN ENNSYLVANIA EXECUTIVE BOARD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within EDDING Eile and MAN INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, na. of unknown) (If yes give wor or dotes of service removol. SAME AS # CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) This certificate should writing the word cremation, DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUF TO stoting the underlying couse 0 forwarded last as burial, nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO the certificate, YES 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) should ogent, prior PRIMARY CONTRIBUTING pluods EXAMINER: CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour a.m. Not While FUNERAL DIRECTOR: Page ot work pleose execute ot work designoted 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection 1 Inquiry F and in my opinion 0 Natural causes Suicide the funerol director. death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) WIL Address (Street, city, town, or county) may Health 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stote) BURIAL CREMATION. LOCATION (City or Town) (County) 0 REMOXAL (Specify) FMETERY 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** TOCUSON COOK-BOOKS VR A15ME (5) 1966 TOWSON. 6M 1/66 YORK ROAL

SIEST CONTRACTOR TO THE PROPERTY OF THE PROPER

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEET PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay is and 3 ta 2M3. Page Baltimore o. COUNTY b. COUNTY Baltimore Maryland MARYLAND after death Department b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Baltimore #21 d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? alang with farm haurs 14 South Essex Ave. 14 S. Essex Ave. NO A ate in Item 18. Give Pages YES haurs after death. 3. NAME OF Middle 4. DATE Year within 72 DECEASED Dorothy Firth Marie Sept. 66 Type ar print) DEATH 19 IF ONDER 1 YEAR with 8. DATE OF BIRTH 1916. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 50st birthday) Months Days Haurs March 6, #XXX. White WIDOWED DIVORCED Office Female event 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most af working life, even if retired) INDUSTRY COUNTRY? USA Penna. dny ward "pending" in pencil in the Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Maybelle Elwood Harmer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war ar dates of service Mrs. Patricia Levin 7949 Lansdale Rd. #21 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Barbiturate poisoning crematian, ar IMMEDIATE CAUSE (o) This certificate shauld icate, writing the ward be forwarded ta the Ch DUE TO Canditions, if any, which gove (b) rise ta immediate cause (a), DUE TO stating the underlying cause 0 SD burial, nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? please execute the certificate, YES DC p 5 may be retained to.", 7.

TO FUNERAL DIRECTOR: Page 3 should be Health ar its designated agent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) shauld Ingested overdose of barbiturates (sleeping pills) CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) 66 at wark Baltimore-rural Balto Md. Home at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinian Natural causes funeral directar. death resulted fram: Accident . Suicide x Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Sept. 4. 1966 DEPUTY MEDICAL EXAMINER Werner U. Spitz **EXAMINER'S** NAME (Type) Address (Street, city, tawn, or county) the 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) 9/7/66. Gardens of Faith Cem. Baltimore. Md. ADDRESS 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Leonard J. Ruck Inc. Balto. Md. 21214 VR A15ME (5)

381 10-1 MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2320 CERTIFICATE OF DEATH hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTX a. STATE b. COUNTY Pages 1 Irs after TIMORE BA MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) in and completery were Pages e remove carbon papers. Pages in any event, within 72 hours af c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR (INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? YES ND within 3./ NAME OF 4. UDATE First Middle Last Month Day Year DECEASED LAWRENCE (Type or print) DEATH 19 66 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED I NEVER MARRIED 20 in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT ician ease during most of working life, even if retired) INDUSTRY CDUNTRY? and attending physic ermit. Then plea 10 13. FATHER'S NAME MDTHER'S MAIDEN NAME removal 3206 RAO OMAS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) death 3658 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the burial-transit DNSET AND DEATH Kechun E metestació to PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO The law requires Cenditions, If any, which (b) been gave rise to Immediate the tr DUE TO cause (a), stating the prior underlying cause last. (c) as CERTIFICATION WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. this certificate hattached for use Dept. of Health for use Health PERFORMED? hospital or ND W PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) a Hour a.m. While After Id be d Not While be ATTENDING 19 at work at work DIRECTOR: Agage 3 should retained 130 21. I certify that (I) (this hospital) attended the deceased from 19. 19 66 that (I) (we) last saw the deceased alive on 966 and that death occurred at 10 M, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED TO HOSPITAL OR Page 4 may be TO FUNERAL DIRE director, page 3 should be filed v be ATTENDING PHYS PHYS. M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS 22C. LARRY CHONZ NAME (Type) ON GREATEN BIFLT MIX 23a. BURIAL, CREMATION. 23b. DATE THEREOF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 1/65

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	/LAND
FOR STATE	12321 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3/41
HEALTH DEPT	1. PLACE OF DEATH 9. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Reside	ence before admission)
	BALTIMORE MARYLAND B. COUNTY	/
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cessary, to the funeral see 5 may be be Department after death.	FORT HOWARD BALTIMORE 30	1
Dep afte	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
State hours	VETERANS ADMINISTRATION HOSPITAL 231 Dallas Ct.	YES NOTE
and and 3. Fo Fo	DECEASED	Day Year
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Item Office	MARK FLEMING FORNEY BROWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
in in 24	(Yes, no, or unknown) (If yes gire war or dates of service) YES 10. SOCIAL SECORT NO. 17. INFORMABI 11. INFORMABI 12. INFORMABI 13. INFORMABI 14. INFORMABI 14. INFORMABI 15. SOCIAL SECORDS, VA HOSPITAL, FT HOWA	TM TG
l within pencil ii miner's permit, removal,		
EXAMINER. This certificate should be executed within 24 hours after death. If any delay to certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the hould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 tiles. R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Deparignated agent, prior to burial, cremation, or removal, and in my event within 72 hours after	18. CAUSE DF DEATH [Enter only one ceuse per line for (a), (b), end (c),] PART I. DEATH WAS CAUSED BY: CIRCULATORY COLLAPSE IMMEDIATE CAUSE (e)	NTERVAL BETWEEN ONSET AND DEATH
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s ce vriti	CAUSE OF DEATH.	
CR. This certificate, writing forwarded to 3 should be agent, prior	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)) (State)
ER: icat e 3 d ag	ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4	
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the certificates the certificates the certificates to the certificates are files.	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
三元38. 日上	SIGNATURE TOLO - COLORD M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S THEODORE C. PATTERSON, M. D. DEPUTY MEDICAL EXAMINER (1 Street, St	9/15/66
O DEPUTY M please executed director. Pretained for Control of Health of Heal	NAME (Type) IIII COLOTE C. IFILITION, IT. D. Address (Street, City, town, to county)	(State)
pleadire reta	REMOVAL (Specify)	
	BURIAL 9-19-66 BALTIMORE NATIONAL BALTIMORE, MARYLANI 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
VR ALSME (5)	ELROY WILSON FUNERAL HOME OCT 28 1966 Clien	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12322 requires that the death certificate be executed within 24 haurs after death death the attending physician ond campletery filled in by the funeral sit permit. Then please remave carbon papers. Pages 1 and any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) FORT HOWARD 128 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2831 MAYFIELD AVENUE NO K YES VETERANS ADMINISTRATION HOSPITAL 3. NAME OF First Middle Last 4. DATE Month Day Year OECEASED (Type or print) TOUTS M. DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCEO OCTOBER 18, 1919 MATE WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
BAR MANAGER INDUSTRY Vilma BALTIMORE, MARYLAND Bar 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARGARET REYNOLDS LOUIS LAWRENCE M. FORSTER SR. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPFTAT (Yes, no, or unknown) (If yes give wor or dotes of service) CLINICAL RECORDS FORT HOWARD. YES MARYLANI crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. OEATH WAS CAUSED BY: burial-transit ONSET AND DEATH PULMONARY CONGESTION WITH EDEMA IMMEDIATE CAUSE (o). by XODEXIOX signed burial Conditions, if any, which gave DAYS (b) RUPTURED ESOPHAGEAL VARICES rise to immediate cause (a), OUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the prior to O FUNERAL DIRECTOR: After this certificate has been UNKNOWN (c) CIRRHOSIS OF LIVER last. 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION far use Health YES XX NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. foctory, street, affice bldg., etc.) Nat While at work at wark 21. I certify that (1) (this haspital) attended the deceased fram MAY 5, 19.66, to EPTEMBER 1019.66 that (1) (we) last saw the deceased give an SEPTEMBER 109.66 and that death accurred at 1155 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. OATE SIGNED ATTENDING STAFF PHYS. 9/11/66 OIRECTOR M.O. PHYS 22d. ADDRESS 22c. PHYSICIAN'S HOSPITAL, FORT HOWARD, MARYLAND NAME (Type) SHIN directar, I 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) 9/13/66 BATTIMORE NATIONAL BATITIMORE MARYTAND 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** SCHIMUNEK FUNERAL Charles 1966 VR A15 (4) 20 M 1/66 BALTIMORE, MARYLAND BREHMS IA.

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A PARTIES		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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	The law requires that the death certificate be executed within 24 hours after or attending physician. are has been signed by the attending physician and completely filled in by the use as the burial-transit permit. Then please remove carbon papers. Pages I salth prior to burial, cremation, or removal, and in any event, within 72 hours after	3. NAME OF DECEASED (Type or print) Leon Samuel Frank 1. DATE Month 27 1966
	comple comple ve car event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS
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	sician a sease re and in	10a. USUAL OCCUPATION (Give kind of work done during most of working tipe, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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	hat the cian. ed by transi tremsi	PART I. DEATH WAS CAUSED BY: (A RDIO - RESh. Failure UNSET AND DEATH
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	N: The la tal or att ificate h for use Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 0R CONTRIBUTING CAUSE OF DEATH 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
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	NG PHYSIC by the hos fter this co be detache State Dept.	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
		20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. (City or town) (City or t
	ATTENDING retained by CTOR: After should be vith the Staf	21. I certify that (4) (this hospital) attended the deceased from Sept. 25, 1966, to Sept 27, 1966, that-4) (we) las
	R ATTENDI F retained RECTOR: A 3 should with the	saw the deceased alive on 1966, and that death occurred A M, from the causes and on the date stated above
	шm >	ATTENDING MEO. STAFF 12 9/2 > / (
	TAL may AL Pag e fil	22c. PHYSICIAN'S 22d. AODRESS
	O HOSPITAL OR ATTENDII Page 4 may be retained FUNERAL DIRECTOR: A director, page 3 should should be filed with the 8	I NAME (Type) DENIS CHAN BBMC.
	ro Hospital OR Page 4 may be O FUNERAL DIR director, page should be filed	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		BURIAL 9/28/66 BALTIMORE HEBREUD BALTIMORE MADVIAND 24 FUNERAL DIRECTOR ADDRESS 1/20 FEGISTRAR'S SIGNATURE
	VR A15 (4)	Soltwinson + Brot The La DATE SEP 29 1966 yourses Judge
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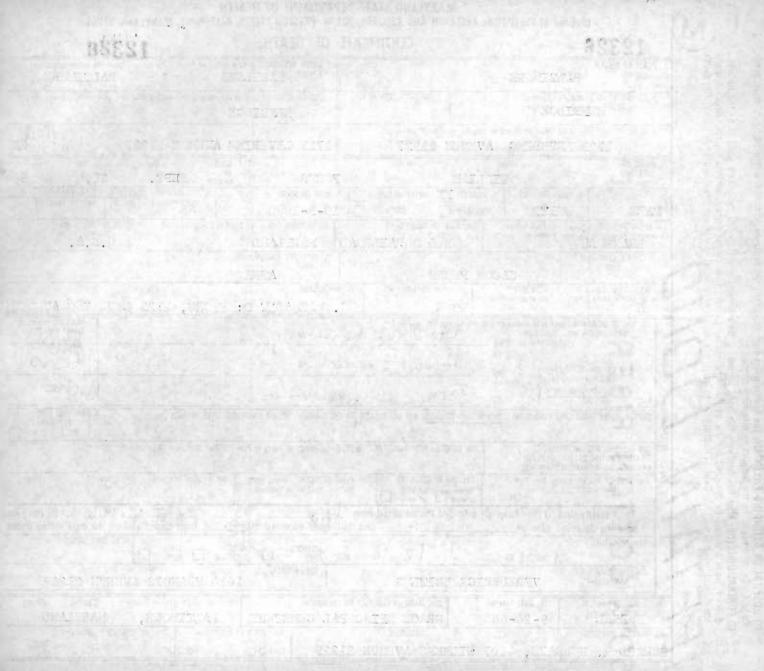
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12324 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY 2, and 3 ta PM3. Page ANTIMORE b. COUNTY MARYLAND Department of death. MARYLAND delay b. CITY DR TDWN (If outside corporate limits. c. LENGTH DE STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) after (53 M Baltimore VIS d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm 72 haurs 57 ate in Item 18. Give Pages YES NO 24 haurs after death. Office alang with 3. NAME OF Middle S DATE Year DECEASED OF WILLIAM 1966 within (Type or print) DEATH S. SEX 6. CDIOR OR RACE AGE (In veors IF UNDER 1 YEAR NEVER MARRIED IF UNDER 24 HRS. birthdoy) Months Doys Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? dny Penna. d "pending" in pencil in Chief Medical Examiner's C & P Telephone Co Supervisor be executed within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward B. Freed Carrie Louise Peppler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service remayal 272-05-01/19 Mrs Mary V. Freed 231 Stevenson Lane 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH INFARCTION dr IMMEDIATE CAUSE (o e, writing the ward farwarded to the Ch This certificate shauld crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO D stoting the underlying couse SD burial, nseq PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (DNDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? the certificate. NO p 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, priar 3 shauld PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While please execute ot work of work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry / Inspection 🛂 and in my opinian TO DEPUTY MEDICAL death resulted fram: the funeral directar. Natural causes V. Accident Suicide may be retained Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be 10 FUNERAL Health ar i DEPUTY MEDICAL EXAMENER **EXAMINER'S** NAME (Type) Address (Street, city, town, & County 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Faith Cemetery Baltimore MIC Gardens of Buria 066 24 FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. MEGISTRAR'S SIGNATURE VR A15ME DATE SEP 1956

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MARYLAND STATE DEPARTMENT OF HEALTH

Towson 25 days FOREST HILL GRENTER BALTIMORE MED CENTER KT #1, BOX 21 M CAUL " S/28/62 SENT 32 66 Home BALTINGER COURTY, AD 215 A ROBERT FROST MARY REGINA ROWLAND (arab) "ono" search se "ono" CARDIO-RESPIR ARREST, SEPSIS 25 da CONGENITAL STENOSIS LLEUM, PERTONITS 2506 Moneguism, Congenital Het Defect SEPT 22 66 SEPT / 64 SEPT 22 66 Richard Haboolde x 9/22/66 KICHARD W. DODDS GRTR BALT. MED. CENTER Surgial , of the contact le original because the little ore, it. LEGIJARD I RUCK IN HARFORD KD

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12327 CERTIFICATE OF DEATH 12321 requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND BALTIMORE MARYLAND the ottending physician ond completely filled in by the t sit permit. Then please remove corbon papers. Poges b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest tawn) write RURAL and give neorest tawn)
FORT HOWARD 15 DAYS BALTIMORE - 21234 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 9738 Magledt Avenue VETERANS ADMINISTRATION HOSPITAL NO X 3. NAME OF First 4. DATE Last Month Year DECEASED ROBERT W. FUNK SEPTEMBER 66 Sr. (Type or print) DEATH ond in ony event, S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6 dast birthdoy) Months Hours DECEMBER 1,1900 MATE WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Gas & Elec during mast af working life, even if retired) U.S.A. BALTIMORE, MARYLAND PIPE FITTER 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removol, JOHN W. FUNK MARY MYERS 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dotes of service) 212 05 43 11 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

REONICHOPITET INTERVAL BETWEEN buriol-tronsit BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave PORTAL CIRRHOSIS, LIVER UNKNOWN rise to immediate cause (a), DUE TO stating the underlying cause Poge 4 moy be retoined by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) for use MEDICAL CERTIFICATION YES X NO 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II af item 18.) OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City ar tawn) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County Nat While factory, street, affice bldg., etc.) at wark at work 19___, thot -(4) (we) lost ond that death occurred of 1:45 M. from causes and on the date stated above. sow the deceosed olive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. 9/7/66 3 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND GEORGE DUBAS. M. director, p 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE THEREOF BURTAL (Specify) Sept. 12-66 BALTIMORE NATIONAL BALTIMORE, MD. 25d. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS FUNERAL BHAPEL VR A15 (4) 20 M 1/66 PIFFTY HTIT & HARFORD

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission e. COUNTY b. COUNTY the day MARYLAND death. and b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) months lowson Baltimore Pages 1 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1723 Hartsdale Rd Stella Maris Hospice completely 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) Mary C Galli DEATH 66 within 19 carbon 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED and last birthdey) Hours Aug.10,1893 WIDOWED A DIVORCED certificate attending physician pleasa remove and in any ever 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stete, or foreign country). 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Hswf Italy USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Salvatore Palmisano and Vincennes Gaglione 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (ffyesgive weror detes of service) Mrs. Gloria Albert 1723 Hartsdale Rd permit. the hospital or attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e cremation, the burial-transit burial, cremation, DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION use as PERFORMED? NO prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) DIRECTOR: After this of should be detached for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. ' 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While ō at work et work 21. I certify that (I) (this hospital) attended the deceased from Mar 30. ..., 166, to Sept 21, 1966, that (I) (we) last saw the deceased alive on Sept. .1966.... and that death occurred al.O.: 20P from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE SIGNED ATTENDING O HOSPITAL death. Page 4 PHYS. DIRECTOR PHYS. TO FUNERAL
director, page 3 22d. ADDRESS 22c. PHYSICIAN'S Robert /J NAME (Type) 204 E. Joppa Rd, Towson . Mahon M.D. 23e. BURIAL, CREMATION, | 23b. DATE-THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) yardens 25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Inc. Balto. Md. VR A15 (4) 20M 5-63

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e. IS RESIDENCE ON A FARM?

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTDPSY

PERFORMED?

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YES

DATE SIGNED

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190

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19 66

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Days

12. CITIZEN OF WHAT

TISA

COUNTRY?

Months

NO X

VR A15 (4) 20M 1/65

24. FUNERAL DIRECTOR

237 Patapsco Ave

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY ltimore Maruland MARYLAND b. CITY DR TOWN (if outside corporate limits. C. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore 21212 ltimore 2/2/2 d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Overbrook Road 503 Overbrook Road YES ND NAME DE First Middle Last DATE Month Day Year DECEASED DF DEATH (Type or print) Raumond Gedder Jept. 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Male WIDOWED DIVORCED [10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Maryland School Suppler-Ret. molowed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Thomas jeorgia Lee 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Family Records None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). Myocardial infarction vrs been signed the burial-transtrate to burial, cre DUE TO Arteriosclerotic cardiovascular disease Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? YES [NO IX 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work 21. I certify that (I) (this hospital) attended the deceased from Sept. 190] toSept 1966, that (I) (we) last 19.66, and that death occurred at 5:45, from the causes and on the date stated above. saw the deceased alive on Sept 22a. SICNATURE 22b. DATE SICNED page filed ATTENDING PHYS. STAFF PHYS. MED.
DIRECTOR Sept. Page 4 may **ADDRESS** director, possible financial should be f PHYSICIAN'S NAME (Type) Lloyd Saylor, 3902 Greenmount NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) Baltimore. Loudon Park emeteru Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS John Burns Sons, Towson. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12331 FOR STATE HEALTH DEPL 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b COUNTY Raltimore oy i MARYLAND Nevada b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Phoenix c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and P.M.3. del ofter Departr 1 week Carson City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS hours Jarrettsville Pike 8. Give Pages Box 764 ote Carson City 3 NAME OF e St. First Middle 4 DATE Lost Month DECEASED the ALTCE GEORGE within September olong , (Type or print) DEATH ofter with t S. SFX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED birthdoy) White/Indiamoowed June 31,1905 Female DIVORCED event 24 hours 2 tem purg 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Housewife INDIISTRY ony Bodie, California = pogës, in on Examiner pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within Jake Stevens File unknown _= 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Jarrettsville Pikee be executed permit. e, writing the word "pending" i forwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) removal 553-24-8358 No Mr. Jack Fralinger Phoenix, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (of (b), and (c). burial-tronsit PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) This certificate should the word cremotion, DHE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO 0 stoting the underlying couse writing 00 burial, lost. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) certificate, 0 pe be 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) pluods PRIMARY Or CONTRIBUTING should EXAMINER: CAUSE OF DEATH. agent, 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) Hour o.m. Not While foctory, street, office bldg., etc.) ot work L_ ot work 21. I certify that I taak charge of the remains described above, held an Autopsy [Inspection 7 FUNERAL DIRECTOR: Inquiry death resulted fram? director. Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE funero O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Heolth moy NAME (Type) Charles F.O'Donnell Address (Street, city, town, or county) the 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23d. LOCATION (City or Town) Burial (Specify) 10-3-66 Stewart Indian Cemetery Stewart

1049 Wes York Rd.

Towson, Maryland

VR A15ME (5) 6M 1/66

24. FUNERAL DIRECTOR

Wm. Cook-Brooks Towson Inc.

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1966

e. IS RESIDENCE ON A FARM?

Year

1966

IF UNDER 24 HRS

NO X

YES |

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

(Stote)

NO

(Stote)

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12 CITIZEN OF WHAT

COUNTRY?

(County)

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Page files. Health, e. STATE b. COUNTY Baltimore Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give negrest town? Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS retained he State B 1565 Ingleside Avenue 1565 Ingleside Ave. 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH FRANCIS BOYT.AN GISRIEI 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR last birthday) Dec. 18, 1900 Months Male White WIDOWED [10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired - Clerk A & P Bal timore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ferdenand Gismiel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) " in pencil in Item 18 Office along with for burial-transit permit. 201 E. Belvedere Ave. Mr. W. Thomas Gisriel 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Overdose of Barbiturates and Alcohol IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause **DUE TO** (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY CERTIFICATION Arteriosclerotic Cardiovascular Disease 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Ingestion of barbiturates and alcohol MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office bldg., etc.) While Not While et work | et work | 1 119 66 Catonsville Home 하는 다 21. I certify that I took charge of the remains described above, held an Autopsy K. I. Inspection . Inquiry [death resulted from Suicide Undetermined manner X Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER Rudiger Breitenecker NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 Burial New Cathedral Cemeterv Baltimore, Maryland FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

a IS RESIDENCE ON A FARM?

YES NO

19 66

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stete)

YES X NO

Baltimore Md.

and in my opinion

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(Stete)

9/12/66

DATE S

IF UNDER 24 HRS.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 23 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

1966

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nd nd			LACE OF DEATH					2. USUAL RESIDENCE (Where deced			ce before	odmissian	1)
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can and completely filled in by the fur ease femave carban papers. Pages 1 and in any event, within 72 hours after	27			ADMINISTRA				803 WAINU				YE	S N	
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e co		S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER		FUNDER 2	
nav ny e			MALE	WHITE	WIDOWED	DIVORCED	X J	ANUARY 20.	1894	72 yrs.	Manths	Days	Haurs	Min.
D D			USUAL OCCUPATION	(Give kind of wark done	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (County		oreign country)		TIZEN OF	WHAT	
euse re		duri	ng mast af working	life, even if retired) PLANNER	CIENT	DUSTRY ERAL ELECT	PTC	BALTIMORE.	MARY	TAND		UNTRY?		
ole or			FATHER'S NAME	PLANNER	GEAN	BURL BIBOT	ILLU	14. MOTHER'S MAIDEN	NAME	LAIND	10	DAGA		
yhy Val		10.												
attending physic sermit. Then ple an, or remaval, a		10	STEPHEN		11/	COCIAL SECURITY NO	17 1	MARGARE			000		-	-
it.		15. (Ye	was DECEASED EVE s, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of		SOCIAL SECURITY NO.		NFORMANT		va hospit				
attendi permit. ian, or r		ì	YES	WW I	16	6 09 73 02	CI	INICAL RECO	RDS	FORT HOW	ARD, M			
			18. CAUSE OF DI	ATH (Enter anly ane cau	se per line far	(a), (b), and (c).)						INTER	VAL BETW	EEN
signed by the burial-transit p burial, crematic			PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a) PUL	MONARY EDE	MA AI	ID CONGESTI	ON			MINT	TAND DE	3111
by cre			4201	DUE	(-)			-144, -45						
signed l burial-tr burial, c			Conditions, if any			DNARY HEAR	r DTS	SEASE				UNK	IOM	
sign bur			rise to immediat			Mail Insett	1 1711	JEIST DI		4 7 4				
			stating the unde	rlying cause		NTC PASSIVI	E CO	NGESTIVE LI	VER			UNKI	IOWN	
certificate has been thed far use as the pt. af Health priar ta				CALIFICANT CONDITIONS				THE TERMINAL DISEASE CO		FN IN PART 1(a)		119. V	VAS AUTOF	PSY
has h p	2	NO	PAKI II. UIHEK SI	GNIFICANT CONDITIONS	UNIKIBUTING I	O DEATH BUT NOT KEL	AIED IO	THE TERMINAL DISCASE CO	INDITION OIL	EN IN TAKT I(O)		P	EREORMET)?
us alt	1	CERTIFICATION							155			AF2	WAY N	0 📙
fica far He		III.	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I ar Pa	irt II af item 18.)				
erti ed		8		MEDICAL EXAMINER)										
ach ept		MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Year		JURY OCCURRED		CE OF INJURY (Home, far		(City ar town)	· (Co	unty)	(S1	tate)
this detacted		MED	Haur a.r p.r	10	While of war		tact	ary, street, affice bldg., etc	.)					
fter			21 1 conti		nital) atten	ded the deceased	from A	UGUST 8,	1966	to SEPTEMBI	ER1 (196	6 the	t (6) (w	ve) last
TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached should be filed with the State Dept. at			saw the d	ereased alive an	SEPTEME	ER1019 66	and tha	t death occurred o	10/15A	M, from causes	and on t	he date	stoted	abave.
# Po #			22a. SIGNATURE	C :	7	7				A STATE OF THE STA		ATE SIGNE		
3 s wi			7	1120 10	2th	in my	M.I	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	7 9	/11/6	56	
ge ge			22c. PHYSICIAN	and ses	0.0		V	22d. ADDRESS	Ditteron	1110				
Po po	1		NAME (Type		III.	M.D.		VA. HOSP	ITAL.	FORT HOW	IARD,	MARY	LAND	
Tar, Tar			DISPLAT CONTINUE				TEDY OD			OCATION (City or To		(County)	(Sto	nte)
recipe.	0	230	BURIAL, CREMATIC	DN, 23b. DATE TH	EKLUP	BALTIMORE	100	NPARK					(310	110)
5 p 2	4	-	REMATION		66		IAN :	TONAL			MARYTA			
VR A15 (4)	B	24	. FUNERAL DIRECTO	R MAC NABB					D BY REGIST	1 1966	EGISTRAR'S S	West of	Judy	2
14 412 141	18		TOO ITS	TO SIDTORON	CAMONO	RO STITTE	WADV	TANTA DATE C	LD	4 1Mbb	11-	4	7 0	

MARYLAND

DATE

VR A15 (4) 20 M 1/66

RD.

CATONSVILLE 28

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.

12333

MARYLAND STATE DEPARTMENT OF HEALTH

Janyan Description Greater Galto Wedien Center 1420 Lyla CT. Johns Halen GLossman 9-28 4-28-20 46 1 485/0 RZW AMPLYERIK James Huppins Louise Kirnisa Trad Smaller 2001, 512 Cardin regardeny tailmen. Metaline Caronina Coronauc of breed Sept. 24 CG Sept 15 125 Sept AV CG Robert W should 27-16-6 in contract the state of the st general first in the total and from the second

FOR STATE
HEALTH DEPT.

cessary, TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. may be TO DEPUTY ME EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to refine the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files.

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12335 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
12323

	CERTIFICATE OF PERTIF	-0-1
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R. a. STATE b. COUNTY	esidence before admission)
Raltimore MARYLAND		ore
b. City OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	E. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Sparrows Point	120 Linhigh Ave.	0.31
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
Bethlehem Steel Hospital	Baltimore, Md. 21236	YES NO TO
3. NAME OF DECEASED (Type or print) CORRIE TO RA	Last 4. DATE Month OF DEATH Sent	Day Year 30 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	10-21-1907 58 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CI	ITIZEN OF WHAT
R.R.Engineer Steel	Baltimore, Co. Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Walter Grammer	Josephine Chaney	7
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	MANGAGER D.
	rs Marie Grammer 102 Linhigh Av	renue #36
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	ronary occlusion	ONSET AND DEATH
4-201 DUE TO	T	
Conditions, If any, which gave rise to immediate (b)	7	
cause (a), stating the DUE TO		
underlying cause last. (c)		I I I I I I I I I I I I I I I I I I I
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	(TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.	.)
Hour a.m. While Not While factor	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	inty) (State)
21. I certify that I took charge of the remains described above, hel	ld an Autopsy . Inspection . Inquiry .	and in my ppinion
	icide, Homicide, Undetermined manner	
ACTUAL TORROR POTTERIOR	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE CACCOLOR	M.D. ASSISTANT MEDICAL EXAMINER	2/2/6
EXAMINER'S THEO, C. PATTERSON	Address (Street, city, town, or county)	7/50/64
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		unty) (State)
		Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	1 1
Lassaln June of Hone 2401 Below Per	234) DATE OCT 4 1956 John	arles Judge

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1	MARYLAND STATE DEPA DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3		ADVIAND
£ 20£	12336 CERTIFICATE		330
funeral and 2 per death.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission)
executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages, 1 and 2 n any event, within 72 hours after death.		c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
filled ir papers.		d. STREET ADDRESS 718 W Fairmount AVO	8. IS RESIDENCE ON A FARM?
completely fill couplete or carbon pale event, within	3. NAME OF First Middle	Last 1.4. DATE Month	Day Year
completely ove carbon py event, within	(Type or print)	DATE OF BIRTH 9. AGE (In years IF UNDER 1 gast birthday) Mopelly I	19 66 LYEAR IF UNDER 24 HRS
	Male Negro wIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	9.2 yrs. 9	Days Hours Min.
te be ysicial please	during most of working life, even if retired) INDUSTRY Country as	MARYLITIVD	UNTRY?
certifica ding ph Then removal	John Chesles Gray	July Tabs -	
e death certificate be the attending physician to permit. Then please ation, or removal, and in	(Yes, no, or unkown) (If yes give war or dates of service)	FORMANT Address rds, Mount Wilson State Ho	on ital
tion de	18. CAUSE OF DEATH [Enter only one cause Rer line for (a), (b), and (c).]	rus, mount wilson state no	INTERVAL BETWEEN
that the physician. signed by urial-transiourial, cremonial, cremo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary DUE TO Prostatic bhles.	bothrombosis	ONSET AND DEATH
law requir ittending p has been as the bi prior to b	gave rise to immediate cause (a), stating the underlying cause last.		
4: The la sial or att fifcate h for use a Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PUlmonary Toberco	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: The the hospital or a this certificate detached for use e Dept. of Health		ED. (Enter nature of Injury in Part I or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE factory, while new ork at work at work at work	OF INJURY (Home, farm, street, office bldg., etc.) (City or town) (Coun	nty) (State)
0 0 0 0	21. I certify that (I) (this hospital) attended the deceased from 8	eath occurred at 620 M, from the causes and on the	(a, that (i) (we) last
OR DIRE	222. SIGNATURE M.D. M.D.		S-66 -
O HOSPITAL Page 4 may O FUNERAL director, pag should.	Wm. Newcomer, M.D., Superintendent	22d. ADDRESS Mount Wilson, Maryland	
TO HOSPITA Page 4 ma TO FUNERAL director, p should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) 9/27/66 MUITSOLYK		nty) (State)
VP 415 (1) DE	24. FUNERAL DIRECTOR ADDRESS AND ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	0 0 .
VR AI5 (4) 20M 1/65	1 / 10 wales y	DATE SET & 1300 FEET	0

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and Makedonian, M. D., Superincendens Modne, Millson, Maryland

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# 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
FOR STATE	Item 7 Film G 38 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1233	32
HEALTH DEPTX	1. PLACE OF DEATH 9/13/66 jml 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence as COUNTY)	dence before admission)
that beary	Baltimore Maryland Baltimore	2
cessary, ces	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
S m 5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Page Page State I hours a	Bethlehem Steel Hospital 1925 Kennedy Avenue, 9	ON A FARM?
	3. NAME OF First Middle Last 4. DATE Month OF	Oay Year
PM PM 1	(Type or print) Arthur J. Grayham DEATH 9	6 19 66
24 hours after death. If an Item 18. Give Pages 1, 2 Office along with form P File pages 1 and 2 with , and in any event within	lest birthday) Months Da	ays Hours Min.
er deat live Pag with 1	10a. USUAL OCCUPATION (Give kind of work done 10b. K(ND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT
fter deaf Give Pag g with 1 and y event	Steel worker Steel Campbell Co. Va. US	NTRY?
ours after n 18. Gife a alor.g	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Hem Jiffice	Willie Graylan Macale Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
in 24 il in 1 's 0; it. F	(Yes, no, or unkown) (If yes give war or dates of service)	1/2
l within 2 pencil In miner's (permit. removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
Exam Exam Sit p	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) A-S-C-V-DISEASO -	ONSET AND DEATH
ild be executed "pending" in if Medical Exar burial-transit cremation, or	Conditions If any which I	
Med Med	Conditions, if any, which gave rise to immediate DUE TO	
ord hief hief hief al, ca	cause (e), stating the DUE IO underlying cause last. (c)	
ficate shorthe worr the Chi. or the Chi. or the Chi. or the Chi. or the burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECEIVED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil liould be forwarded to the Chief Medical Examiner's les. R: Page 3 should be used as a burial-transit permit. Ignated agent, prior to burial, cremation, or removal	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECOVED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter Injury In Part 1 or Part II of Item 18.) CAUSE OF DEATH.	YES ND
ritin ded ild b	PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	39
R: This ce sate, writin forwarded 3 should agent, pri		y) (State)
NER:	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE of INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County factory, street, office bidg., etc.) 20f. (City or town) (County factory, street, office bidg., etc.) 20f. (City or town) 20f. (City or	
EXAMINE Certificates to the state of the sta	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinion
Triffe CCTOR desi	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	
S S S S	ACTUAL M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TY ME executed for Page of for the or	EXAMINER'S Dr. M. B. Davis M.D. DEPUTY MEDICAL EXAMINER	7/6/66
O DEPUTY MED EXAMPLE C. C. director. Page 4 shoul retained for your files. O FUNERAL DIRECTOR: of Health or its design	NAME (Type) 6800 Morington Rd. #22 MD Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county)	
direct ret	REMOVAL (Specify) & Day (Hair ania V Province Company)	
VP ALENE IN		SIGNATURE
VR AISME (5) 5M 1/65	Randolphy Collick 243/ E. Oliver St. DATE SEP 8 1966 John	In Judge

The second secon Berland bladens 22.1 - Li-Li, i di Saurie Albani da me di am municipa di sen S. C. C. C. Derent C. C. S. C. Barrery L. P. J. L. S. How with Express Completion and Donald Secure align to 1 245 to the way the way

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12339 CERTIFICATE OF DEATH 12333

-							
1.	PLACE OF DEATH a. COUNTY BALT	INORE	MARYLAN	a. STATE MA	NCE (Where deceased lived, If instit $RYLAND$ b. COUNTY	ution: Residence before admission) BALTIMORE	
	b. CITY OR TOWN (if outsi	de corporate limits, nearest town)	c. LENGTH OF STAY IN	1b c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give nearest town)	
	CATONSVILI	Ŀ	app 9yrs	CATONSV	ILLE	03-1	
0	d. NAME OF HOSPITAL OR	INSTITUTION (if not	in hospital, give street addr			e. IS RESIDENCE	
_	206 N. OS				OSBORNE AVE.	YES NO-	
	NAME DF DECEASED (Type or print)	First AGNES	Middle R. GA	Last RIFFIN	4. DATE Month OF SEPTEM	BER 20 19 66	
5.	SEX 6. COLOR	OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.	
	female who	ite WIDOW	/ED DIVORCED	March 13,	1889 7 Jast birthday) Milyrs.	onths Days Hours Min.	
102	. USUAL OCCUPATION (Give king most of working life, ev	ind of work done 10	b. KIND OF BUSINESS OR	11. BIRTHPLACE	(County & State, or foreign country)	12. CITIZEN OF WHAT	
1	Villner		adies hats	Baltimo	re City, Md.	COUNTRY?	
13.	FATHER'S NAME			14. MOTHER'S MA	IDEN NAME		
0.	Maurice (Griffin		Julia	ipen name Fitzgerald		
15 (Ye	. WAS DECEASED EVER IN U.S	. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address		
	no no	re	217-07-6778	Mrs Marie	C. Quirk 206	N. Osborne A	
	18. CAUSE OF DEATH [En	ter only one cause p	er line for (a), (b), and (c).]			I INTERVAL BETWEEN	
	PART I. DEATH WAS (CAUSED BY:	enversel Sta	Destatic	+ nemoraie	ONSET AND DEATH	
	443 X	DUE TO 15	1.00.00	0.0	illa - mlau no		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) I WELLE Stype Total The Manustrale Conditions, If any, which (b) DUE TO Stype Siles See One Of Conditions, If any, which (b)						
	gave rise to immediate						
	cause (a), stating the underlying cause last.	(c)					
NO	PART II. OTHER SIGNIFICAN		RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY	
CAT	one	releve 1.	lell dim	w Love 1	1961	YES NO	
THE	20a. ACCIDENT WAS UNDE OR CONTRIBUTING CAU	RLYING 208	. DESCRIBE MOW INJURY		of Injury In Part I or Part II of I		
CERTIFICATION	OR CONTRIBUTING CAU	SE OF DEATH	U	•			
AL	20c. TIME OF INJURY ME	onth. Day. Year 20	d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home,	farm, 20f. (City or town)	(County) (State)	
MEDICAL	Hour a.m.	Wi	nile - Not While -	actory, street, office bldg.	, etc.)		
Σ	p.m.		work at work	15/2/	10/6 , 0/20	10 // 11 11 11 1 11 1	
	saw the deceased ali		ended the deceased from	10/3(that (I) (we) last	
	22a. SIGNATURE	ve oii	19 442, and	that death occurred at	16 05 /M, from the causes an	22b. DATE SIGNED	
	50 1410	holin-		ATTENDING	MED. STAFF	9/27/66	
	22c. PHYSICIAN'S	former 2	en	M.D. PHYS.	DIRECTOR PHYS.	117700	
	NAME (Type) EL	OF W	Johnson	MD 343	Huderica as 6	selferente 212 29	
23a		Bb. DATE THEREOF	23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION (City, town	or county) (State)	
	Burial S	ept 23,19	966 New Cati	hedral Cemi	t. Baltimore,	Maryland	
24	FUNERAL DIRECTOR,	PDAI POD	ADDRESS ADDRESS	, 25a. R	EC'D BY REGISTRAR 25b. REGI		
10	Catons	ville, Nd		ondson DATE	SEP 26 1966	charles judge	

VR AI5 (4) 20M 1/65

THE RESERVE OF THE PARTY OF THE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12340 CERTIFICATE OF DEATH
12334

16080	CENTIFICATE	OF DEATE		16903	
1. PLACE OF DEATH	11	2. USUAL RESIDENCE	CE (Where deceased live	d. If institution: Res	sidence before admission)
a. COUNTY	MARKET ALL S	a. STATE		b. COUNTY	,
Baltimore	MARYLAND	Maryland		Baltimore	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate lin	nits, write RURAL a	nd give nearest town)
Baltimore		Baltimore			03.1
G. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. SIKLLI ADDRESS			e. IS RESIDENCE
					ON A FARM?
2406 Pelham Ave and Ave		2406 Pelha	mr Ave	VE	YES NO NO
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Year
(Type or print) Lyclia	MARIE	GRUBER		pt.	17 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	DULE OF A PA	9. AGE (In	years IF UNDER 1	YEAR IF UNDER 24 HRS.
F WIDOWED 5	DIVORCED	1. 141. 14000	last Diri	thday) Months D	ays Hours Min.
	D OF BUSINESS OR	4/14/1898	ounty & State, or foreign	yrs.	IZEN OF WHAT
during most of working life, even if retired) INC	USTRY	11. BINTHPLACE (CI	funty of State, or foreign	COU	INTRY?
Cashier e		Maryland ;	irginia	U.S	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIL	EN NAME		
Ludwig Gruber		Katherin	e Statler		
	OCIAL SECURITYNO. 17.	NFORMANT	* * * * * * * * * * * * * * * * * * * *	Address	
No Si6	AC 4000 10.	22 - 1 7	T	4 4	(1)
18. CAUSE DF DEATH (Enter only one cause per line	24=7113	Gideon Ate	r 2406 Pe	lham Ave	INTERVAL BETWEEN
	9 Tot (a), (b), and (c).1		+		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	uratory	anel	1		
172 X DUE TO	2 1/ -	15	-		
Conditions If any which \	, brall 1	retrile.	41		1911-21966
gave rise to immediate	V. V	0	1		1011110
cause (a), stating the DUE TO		For Manage	ahim	100	(9-1761
underlying cause last. (c) Clace	eer of	wash	20 min		17/144
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL D	ISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY
CAI					PERFORMED?
20a. ACCIDENT WAS UNDERLYING 1 20b, DE	SCRIBE HOW INJURY OCCUR	DED /Enter nature of	Injury in Part I or D.	art II of Hom 19 \	150 100
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work	SCRIBE HOW HOURT OCCUR	RED. (Enter natura or	mjury in Part 1 of Pa	art ii of item 10.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJ	URY OCCURRED 20e. PLAC	E OF INJURY (Home, fa	rm. 20f. (City or to	own) (Count	ty) (State)
Hour a.m. While -		y, street, office bldg., e		1	
₹ p.m. 19 at work	at work				
21. I certify that (i) (this hospital) attended	the deceased from	8 4 1	9 66 to 1	1966	that (I) (we) last
saw the deceased alive on 9	7 19 66, and that	death occurred at	rom the c	auses and on the	date stated above.
22a. SIGNATURE	1111				TE SIGNED,
Sen v Tari	uliar t M.D.		MED. STAFI		7-66
22c. PHYSICIAN'S		22d. ADDRESS	_		
NAME (Type) LON W. LARING	Pig	GBH4			
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	1 23d. LOCATION (City, town or coun	ty) (State)
REMOVAL (Specify)			Lou. LOUATION (orty, tomir or coun	(51010)
Burial 9/20/66	Dulaney Valle	У	Balti	more 5b. REGISTRAR'S	Md
24. FUNERAL DIRECTOR	ADDRESS	25a. REC	C'D BY REGISTRAR 2		
Leonard J Ruck Inc. 5305 H	arford Rd	DATE S	EP 19 1966	(Clearl	es judge.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Balto. 72 hours after death. b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give negrest town) PM3. P write RURAL and give nearest town) Middletown Randallstown D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with farm Balto. Co. Gen. Hospital 1 Blue Jay Court Item 18. Give Pages State YES NO X be executed within 24 hours after death. 3. NAME OF Middle Lost 4. DATE Year DECEASED Madeline Hahn (Type or print) within DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Jast birthdoy) Months Hours Female. White WIDOWED May 27, 1908 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pencil in I Penna. d "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leonard M. Henderson Beatrice Lanning File pup 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address N.J. (Yes, no. or unknown) (If yes give wor or dotes of service) ar remaval. George I. Hahn, 1 Blue Jay Court, Middletown, none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE (AUSE (a) Fractured rt. patella, Fractured lower jaw This certificate shauld e, writing the ward farwarded ta the C crematian, DUE TO Fractured ribs-bilateral. Internal Hemorrhage Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO IX please execute the certificate, designated agent, prior to 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Traveling N. on 20o. EXTERNAL CAUSE WAS PRIMARY: or CONTRIBUTING shauld Reist.Rd. when she ran into the rear of another car. CAUSE OF DEATH. 20d. INJURY OCCURRED () 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Nat While of work factory, street, office bldg., etc.)
Reist. Rd. may be retained far your FUNERAL DIRECTOR: Page 9-14-6619 of wark Pikesville Balto. Md. 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection x, Inquiry 3 and in my apinian the funeral director. death resulted fram: Accident 🔀 Suicide . Hamicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 9-15-66 DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** D. D. Caples, M. D. 6 Hanover Rd · Address Street City is who of County Md . NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REGISTRAR'S SIGNATURE VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission), filled in by the funeral papers. Pages Land b. COUNTY o. COUNTY o. STATE BALTIMORE MARYLAND b. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH DF STAY IN 1b c. CITY OR TDWN (If autside corparate limits, write RURAL and give nearest tawn) and in any event, within 72 hours 58 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? VETERANS ADMINISTRATION HOSPITAL 221 NORTH PATTERSON PARK AVE. NO A DATE Manth 3. NAME OF First Last Year please remave carban DECEASED 19 66 HAMAN CHARLES SEPTEMBER JOSEPH DEATH (Type or print) IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Days Hours □ AUGUST 9, 1895 WHITTE WIDOWED DIVDRCED MALE 10a. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) U.S.A. INDUSTRY BALTIMORE, MARYLAND LABORER 14. MOTHER'S MAIDEN NAME maval, 13. FATHER'S NAME MARTE MNXXINKNOWN Matilda Schoenhaas

CHARLES HAMAN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give wor or dates of service YES WW-1 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DECIDE Conditions, if ony, which gave rise to immediate cause (o). BESC10 stating the underlying cause last. CERTIFICATION

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year

219 03 4281

16. SOCIAL SECURITY NO.

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ADENOCARCINOMA RECTUM

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)

ATTENDING

PHYS. 22d. ADDRESS.

17. INFORMANT

(City or town)

DIRECTOR

CLIN. REC., VAH. FT. HOWARD, MARYLAND

(County)

22b. DATE SIGNED

9/6/66

Address

(State)

INTERVAL BETWEEN

PRISET AND PEATH

RECENT

UNKNOWN

YES X

WAS AUTOPSY PERFORMED?

NO

(State)

Haur a.m. Not While at wark July 0 19.66, to Sept. 4, 1966, that (K(we) last 21. I certify that (1) (this hospital) attended the deceased from M, from couses ond on the date stated above. 19 66, and that deoth occurred di saw the deceased alive on Sept.

22c. PHYSICIAN'S GEORGE C. MCELFATRICK, NAME (Type) 23b. DATE THEREOF 23o. BURIAL CREMATION. 9/8/66

23c. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL 23d. LOCATION (City or Town) (County)

FORT HOWARD, MARYIAND

BALTIMORE, MARYLAND 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

22a. SIGNATURE

REMOVAL (Specify)

BURTAL

SCHIMONER FUNERAL HOME 250 RECORD REGISTRAR 3331 Brehms Lane, Bal

VR A15 (4) 20 M 1/66

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O FUNERAL DIRECTOR: After

Page 4 may be retained by the haspital ar attending physician.

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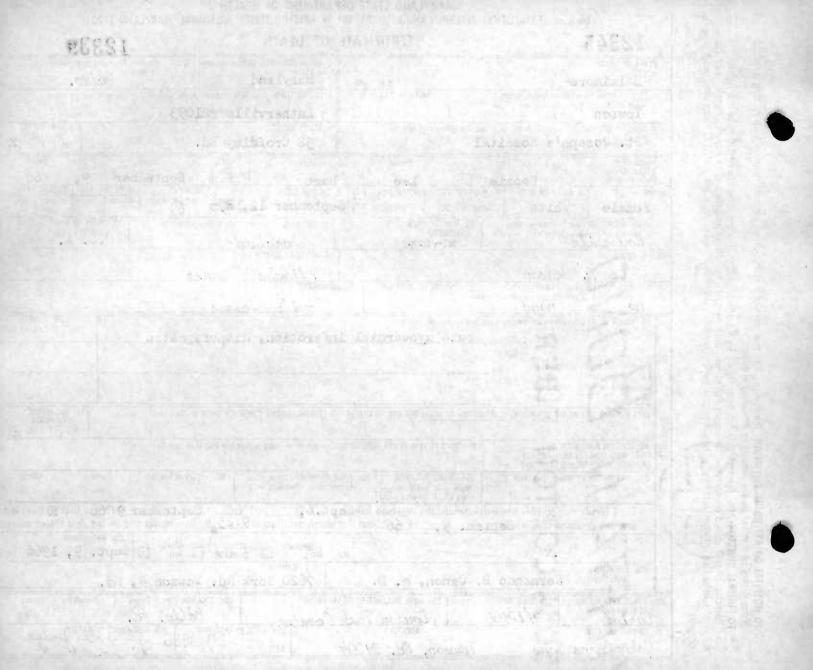
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O COUNTY filed b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, wrife RURAL and give nearest town) RURAL and give nearest town) O Books d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T NAME OF First Middle 4 DATE Last Yeor Day DECEASED OF DEATH (Type or print) 19 COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS last bigthday) Months Doys Hours WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO R 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from V 1966 that I last saw the deceased and that death occurred at 499 M, from the causes and an the date stated above. alive on_ ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL L DIR should PHYSICIAN'S NAME (Type) n 220. BURIAL, CREMATION, 22b (DATE THEREOF 22c. NAME OF CEMETERY, OR CREMATORY 22d JOCATION (City, town, or county) page 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A1S (4) 15M 9/55 DATE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12345 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death deat 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence PLACE OF DEATH attending physician and completely filled in by the funeral bermit. Their please remave carban papers. Pages 1 and an, or emough, and in any event, within 72 haurs after deat o. COUNTY Baltimore b. COUNTY o. Maryland MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest tawn) Lutherville #21093 Towson d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? St. Joseph's Hospital 32 Crofeley Rd. NO P YES 3. NAME OF 4. DATE First Middle Last Month Day Year DECEASED 1966 September DEATH (Type or print) Bessie Lee Hart. IF UNDER YEAR IF UNDER 24 HRS. S SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) 69 yrs. Months Days Hours September 12.1896 White Female WIDOWED X DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working lite, even if retired) INDUSTRY COUNTRY? Jun-home Maruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benson Lee A. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates of service) tamily records no none crematian, CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH IMMEDIATE (AUSE (a) Acute myocardial infarction, diaphragmatic TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO use as the latth priar tab stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO YES far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item IB.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) Not While factory, street, affice blda., etc.) at work at work 21. I certify that (this haspital) attended the deceased framSept.6, 1966, toSeptember 91966, that (the last saw the deceased alive an Septem. 9, 1966, and that death accurred at 9:25 M, fram causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. ⊠ Sept. 9, 1966 Beauco M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Fernando B. Canon, M. D. NAME (Type) 7620 York Rd. Towson 4, Md. 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Balto. 25b. REGISTBAR'S SIGNATURE REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 John Burns Sons M. lowson.

MARYLAND STATE DEPARTMENT OF HEALTH



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A STATE OF THE STA	نے	722		CERTIFICATE OF DEATH 193411
14	deat	uner and deatl	1.	a COLINITY
70	Her	the f fter		BALTIMORE MARYLAND MARYLAND CITY
	S	by the Page urs a		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	hou	id in 2 hor		BAITIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	24	fille pape in 7	G	REATER BALTIMORE MEDICAL CENTER 5211BOSWORTH AVENUE YES NO X
	executed within 24 hours after death	To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perfilt. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation occemoval, and in any event, within 72 hours after death.	3.	NAME OF DECEASED // First Middle Last 4. DATE Month Day Year
	× pa	ompl car vent,	5.	(Type or print) CHARIES WILLIAM HASS DEATH 9 25 19 66
	ecut	move my e	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	e e	an an	10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	te b	ysici pleas and		TELEPHONE CO. BALTIMORE, NARYLAND U.S.
	ifica	g ph	13	FATHER'S NAME
	cert	indi.	15	HDAM HENRY HASS VERONICA 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	death certificate be	#FE	(Y	es, no, or unkown) (If yes give war or dates of service) 2/2-10-0903 Lydia A. Hass 5211 Bosworth Avenue
	he d	the nation		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	nat t	tran		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio respirating failure
	requires that the	sign urial urial		Conditions, if any, which) DUE TO metastatic Carcinome
	quir	he bh		gave rise to immediate cause (a), stating the DUE TO
	aw re	las b as t prior	z	underlying cause last. (c) Carcinome of prostate
	PHYSICIAN: The law requires that the bosnital or attending physician	use use	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 10 10 10 10 10 10 10 10 10 1
	I. S.	tific for	TIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN:	s cel		
		te Betti	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	ATTENDING	Afte d be Sta	ME	p.m. 19 at work
	TEN	TOR: hould h the	-	21. I certify that (I) (this hospital) attended the deceased from Aug. 15, 19 66, to 327. 3, 1966, that (I) (we) last saw the deceased alive on Sept. 25, 1966, and that death occurred at 10 AM, from the causes and on the date stated above.
	OR AT	REC1		22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF A
J		page file		22c. PHYSICIAN'S DIRECTOR PHYS. N. 9-25-66
	TO HOSPITAL	NERA NERA Id be		NAME (Type)
	D HO	direct should be	23	REMOVAL (Specify)
	F	=	E 24	Surial 19-48-66 Lorraine Gemetery Baltimore, Maryland
	VR	A15 (4)	5	SUNERAL DIRECTOR 14600 Liberty Highted Ave. 25a. REC'D BY REGISTRAR'S SIGNATURE DATE SEP 2.7 1966 Clearly Outs
	201	M 1/65	14	The state of the s

Committee James v

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12347 requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) and campletely filled in by the funera remave carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Balto. MARYLAND Balto. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Parkville Parkville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2503 Glencoe Road NO 2503 Glencoe Road 3. NAME OF Middle 4. DATE Month Doy Year DECEASED (Type or print) DEATH Sept Anna Hentschel 19 66 IF UNDER 24 HRS. 9. AGE (In years lost birthdoy) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Hours WIDOWED DIVORCED Female White May 3, 1894 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? the attending physician (sit permit. Then please nation, ar remaya, and in **INDUSTRY** Housewife

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Weipert Margaret Suess 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Same 215-09-7103D Mrs. Donald Taggart INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the be retained by the haspital or attending has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate far 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram. 1947, ta. 1966, that (1) (we) last saw the deceased alive an Sept 24 1966, and that death accurred at M, fram causes and an the date stated above 22g. SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF PHYS. tercles M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 2900 E. Baltimore St. Charles C. MacMinn, M.D. directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 9/29/66 Holy Redeemer Burial 2So. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Leonard J. Ruck. Inc. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12348 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATER HEALTH DEPTS 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY Baltimore of death. Maryland MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Baltimore 12 Baltimore 12 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Give Pages 1, 7111 Sheffield Road 7111 Sheffield Road YES NO-3. NAME OF Middle 4 DATE Year DECEASED OF DEATH H. Edward Sept. (Type or print) Herzer S. SEX 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs 14,1891 WIDOWED DE DIVORCED be executed within 24 haurs 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Retired - Engineer Electric Baltimore, Md

14. MOTHER'S MAIDEN NAME II.S.A farwarded to the Chief Medical Examiner 13. FATHER'S NAME pencil B .E Gustav Herzer Friedericke Pfizenmaier and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) or remaval, Yes Mrs. William E. Ward. 905 Old INTERVAL BETWEEN ONSET AND PEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (b), ond (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) s a burial-tro crematian, shauld writing the ward DUF TO Conditions, if ony, which gove rise to immediate couse (o), certificate DUE TO stoting the underlying cause burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO agent, priar ta pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [4] Inquiry and in my apinian Suicide . deoth resulted from: Noturol causes Accident [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9/27/66 O DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Health Charles F.O'Donnell, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) 0 REMOVAL (Specify) Burial Woodlawn 250. REC'D BY REGISTRAR VR A15ME (5 6M 1/66

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ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12351 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY death. MARYIAND delay and 3 Department c LENGTH OF STAY IN 1b and 03 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) hours pending" in pencil in Item 18. Give Poges 1, ef Medical Exominer's Office along with farm 00 in Item 18. Give Poges ate YES \ NO I 24 hours ofter deoth. NAME OF Middle DATE 5 Year DECEASED within (Type or print) DEATH 1966 S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours WIDOWED DIVORCED event lond2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pencil Josephine Linkton Stephan Palmer 0 0 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. William H. Hicks Same 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) or rem INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o' This certificate should writing the word cremotion, HERMATIC CARDIOVASCULAR DUEASE Conditions, if ony, which gove farworded to rise to immediate couse (o), DUE TO stoting the underlying couse buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificote, NO YES 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior PRIMARY Or CONTRIBUTING should CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Poge ot work pleose execute designoted 21. I certify that I took charge of the remains described above, held an Autapsy Inspection . Inquiry [L] and in my opinian for Natural causes . Accident death resulted fram: Suicide Undetermined monner the funeral director. Homicide be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY 50 DEPUTY MEDICAL EXAMINER Heolth Address (Street, att. fown, or county 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) 0 BMOVAL (Specify) Pikesville, Md. 9-6-66 Druid Ridge FUNERAL DIRECTOR Wiedefeld Home, ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Inc. SEP VR A15ME (5 966

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12352 CERTIFICATE OF DEATH that the death certificate be executed within 24 hours after deoth I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ompletely filled in by the fur ve corbon papers. Poges 1 event, within 72 haurs after Baltimore MARYLAND Raltimore b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE. ON A FARMS 00 7707 Greenview Terrace # 160 7707 Greenview Terrace YES NO 3. NAME OF Middle Last 4. DATE Day Year DECEASED JAMES PATRICK #HINES 9-25-66 In years | IF UNDER 1 YEAR (Type ar print) 19 DEATH S. SEX_M 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last 86 birthday) Davs WIDOWED DIVORCED May 6, 1880 Cauc. 10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT B.& O. R.R. during most of working life, even if retired) COUNTRY? Piedmont, W.Va U.S.A 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Hines Caroline buriol, cremotion, or rem 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service) Donald Hines 346 Stratford Rd. 21228 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), one (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying couse the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION O FUNERAL DIRECTOR: After this certificate YES 🗀 NO F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at work 21. I certify that (I) (this hospital) attempted the deceased from. Mence /81966, to Se 66. 1960 that (1) (we last and that death occurred at M, from causes and an the date stated above saw the deceased alive an. 22g SIGNAFURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS NAME (Type) director, should i 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, ETREMANADISDE ITY)E 23d. LOCATION (City or Town) (Caunty) Sept.28 Lorraine Baltimore, Baltimere Co. Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR WITH. COOK-Brooks Towson, Towson, Md. 2Sq. REC'D BY REGISTRAR 1966 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 22 death. funera and PLACE OF OEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) after Pages 1 urs after ALTIMORE MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h c. CITY QR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 24 hours BALTIMONE filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within completely carbon NAME OF Middle DATE Month Day Year DECEASED OF event, (Type or print) 14 1AM EDWARD DEATH 19 66 executed remove 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED Jast birthday) in any Months Days Hours WIDOWED 📉 DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease certificate be during most of working life, even if retired) and INDUSTRY COUNTRY? UNKNOWN U.S. A removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph OLLINGE zabe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO FUNERAL DIRECTOR: After this certificate has been signed by the attent director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r death (Yes, no, or unkown) | (If yes give war or dates of service) UMKHOWN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMBALANCE or attending physician. LECTROLY 2 WEEKS IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? AZHEROSCLEROSIS YES 🔀 NO T hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While þ at work at work retained 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at/2° saw the deceased alive on. M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR 4 may HOSPITAL PHYSICIAN'S 22d. **ADDRESS** 23b. DATE THEREOF BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Cathedral Cemetery Baltimore Maryland Buria FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SAND S VR A15 (4) 20M 1/65

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MARYLAND DESCRIPTION OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore by the and 2 death. Md. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Baltimore .= " Lutherville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? College Manor 3635 Elkader Rd YES T NO X NAME OF First Middle 4. DATE Dey Month Year aper 72 to e DECEASED OF (Type or print) DEATH Griffith Hollifield Nellie 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR DATE OF BIRTH last birthdey) Months Devs Hours Min. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clothing USA Seamstress Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Mary Woolford Griffith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give we ror detes of service) Above Mrs. Mary H. Gallagher NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Momento DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? NO F CERTIFI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH he (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) While factory, street, office bldg., etc.) Not While Hour e.m. et work et work 19, that (I) (we) last to.... P 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. eth. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Broadway, Balto., Md. Ernest Brown M.D. filed , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF (Stete) REMOVAL (Specify) Md. 0 Lorraine Park Balto. ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE .W. Jenkins & Sons Co. 4905 York Rd. BaltoSFP

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	MARYLAND SI Division of STATISTICAL RESEARCH AND RECO	TATE DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BAI	TIMORE, MARYLAND 21201
(M)		FICATE OF DEATH	12349
4 haurs after death. I in by the funeral and 2 72 hours after deathi	I. PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (If autside corporate limits, write RURAL ond give neorest town) Baltimore 34 LO mo/	RYLAND 0. STATE Maryland	eased lived, if institution: Residence before admission) b. COUNTY Baltimore orate limits, write RURAL and give nearest tawn)
ted within 24 haupletely filled in becarbon papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8711 Eddington Rd. 3. NAME OF First Middle	d. STREET ADDRESS Glen Arm Ros Last 4. DAT	e. IS RESIDENCE ON A FARM? YES NO
e executed within 24 and campletely filled remave carban pape n any event, within 77	DECEASED (lype or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI Female White WIDOWED DIVORCE	OF DEA	20 2066
ificate be e hysician and n please rer val, and in a	10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) HOUSEWLIE 13. FATHER'S NAME	11. BIRTHPLACE (County & State, a Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
death cert attending p ermit. Thei	Harry E. Morgan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dates af service) No	Rosala Smi 17. INFORMANT Mrs. Wm. S. Smi	Address th 8711 Eddington Rd.
Page 4 may be retained by the haspital ar attending physician. 7. FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Dept. af Health priar ta burial, cremation, or removal, and in any event, within 72 hours after death.	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last. (c)		INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
N: The lar at	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE CONDITION G OCCURRED. (Enter nature of injury in Part I or	YES NO [X
PHYSICIA haspital iis certific tached fa	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg, etc.)	
FENDING I ned by the R: After th uld be de the State [21. I certify that (1) (this hospital) ottended the decease sow the deceased alive on per 1966	d from April 18, 1966	to to that (II) (we) lose the date stated above
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior ta	220. SIGNATURE OUT D. Jelle 22c. PHYSICIAN'S NAME (Type) Larry G. Tilley	M.D. ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS 1713 Tayl	22b. DATE SIGNED 9/20/66 or Ave.
TO HOSPI Page 4 n TO FUNER Should b	23a. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 24. FUNERAL DIRECTOR ADDRESS	METERY OR CREMATORY 23d.	LOCATION (City or Town) (County) (State) One Green, Maryland ISTRAR 2Sb. REGISTRAR'S SIGNATURE

The state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12356 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death filled in by the funeral pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Baltimore Baltimmre MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Parkvilee Parkville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 8547 Water Oak Road 8547 Water Oak Road YES \square NO X pau 3. NAME OF Middle 4 DATE Month First Lost Dov Yeor physician and campletely en please remave carban DECEASED JAMES ROBERT HULLETT September 14 19 66 DEATH (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Male White Sept. 1, 1884 WIDOWED X DIVORCED and in any 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

Retired INDUSTRY Machinist COUNTRY? U.S.A. Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank Hullett Rebecca Gillen 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 212-10-8583 Mr. James Philip Hullett 8547 Water Oak Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic Heart Disease 10 vrs Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? cholelithiasis Acute NO T 20o. ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While sed from Aug. 16, 19, 52, to Sept. 14, 1966, that (I) (We) last ___, and that deoth occurred at ___, M, from couses and could be the course and could be the course and could be the course and course ot work ot work 21. I certify that (I) (this hospital) attended the deceased from Aug. 16 saw the deceased alive on Sept. 14 1900, and that deoth occur saw the deceased alive on 22b. DATE SIGNED 66 22o. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S directar, pa shauld be f NAME (Typebr. T. Norwood Wilson 617 West 40th Street 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. BULL (Specify) Sept. 17,1966 Lorraine Park Cemetery Woodlawn Baltimore 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1050 York Rd. 1966 Wm. Cook-Brooks Towson Inc. 20 M 1/66

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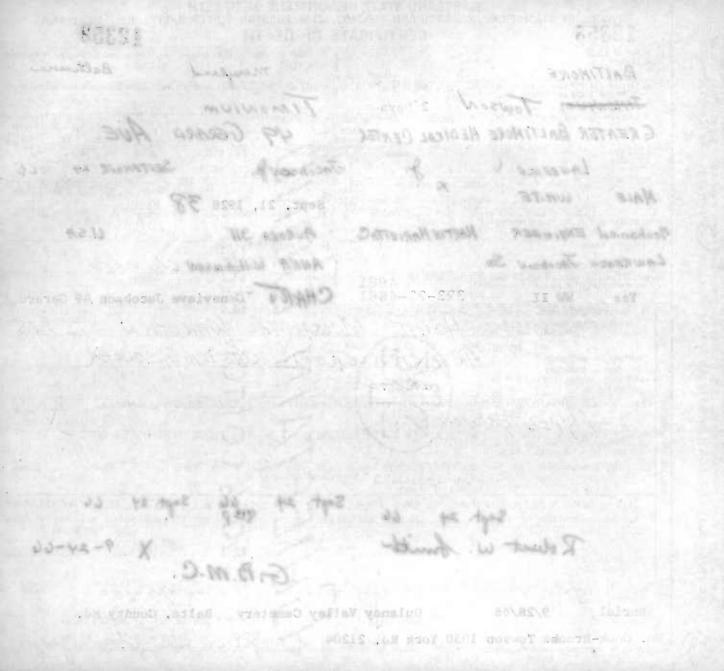
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Baltenine b. COUNTY BALTIMORE MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outlide corporate limits, write RURAL and give nearest town) Page papers. Pag pin 72 hours hours nWS01 2 Days IMONIUM d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE BALTIMORE MEDICAL ON A FARM? ND within completely rbon NAME OF 3. First Middle Last 4. DATE Month Day Year DECEASED (Type or print) LAW RENCE SEFTEMBER CACOBSON DEATH 24 1966 and con 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRT AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days any WHITE WIDOWED [DIVORCED 1928 Sept attending physician are semit. Then please reint, or removal, and in a 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired) certificate be COUNTRY? MARTIN MARIETTAC Mechanical ENGINEER AURORA 311 11.SA 13. FATHER'S NAME MOTHER'S MAIDEN NAME LAWRENCE W. His MESON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) has been signed by the at as the burial-transit perm prior to burial, cremation, 323-22-488] WW II Yes the per Genevieve Jacobson 49 Gerard 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO EROTIC CARD Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? certificate hither than the second to the second than the second t 19. YES ND 20a. ACCIDENT WAS UNDERLYING DON'T D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached i Dept. of MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While n.m at work at work P DIRECTOR: /
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1/44	MARYLAND STATE DEPARTMENT OF HEALTH	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12360 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) attending physician and campletely filled in by the funeral permit. Then please remave carban papers. Pages 1 and an or remaval, and in any eyent, within 72 hours after deat 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALT IMORE MARYLAND BALTIMORE MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparote limits, write ALAN GING Give-pagest town) CATONSVILLE 13-1 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 133 CHERRYDELL ROAD NOXX 133 CHERRYDELL ROAD YES 3. NAME OF First Middle Lost DATE Dov Year DECEASED PAUL F. **JOHNSTON** (Type or print) DEATH SEPT S. SEX 6. COLOR OR RACE 7. MARRINOXXX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED birthdoy) Months Doys Hours 8-30-1898 WIDOWED DIVORCED MALE WHITE 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY U.S.A MACHINIST PENNSYLVANIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WILLIAM SARAH HANNA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no peusknown) (If yes give wor or dotes of service) 177-07-2943 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. HESTER JOHNSTON, 133 CHERRYDELL ROAD CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) INTERVAL BETWEEN burial-transit ONSET AND DEATH Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse ds i WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) at work

22o. SIGNATURE

22c. PHYSICIAN NAME (Type)

24. FUNERAL DIRECTOR

saw the deceased alive an.

21. I certify that (1) (this hospital) attended the deceased fram 5-24, 1964, ta 9-28

22d. ADDRESS

9-20- 1966, and that death accurred at 81. M, from causes and an the date stated above.

. 1965, that (I) (We) last

22b. DATE SIGNED

23a. BURIAL, CREMATION. PURVEASDECTEY)

23b. DATE THEREOF 10-3-1966 23c. NAME OF CEMETERY OR CREMATORY Franklin Cemetery

ADDRESS

M.D.

6209 FREDERICK ROAD 23d. LOCATION (City or Town)

(County) Venango County, Pennsylvani 2So. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

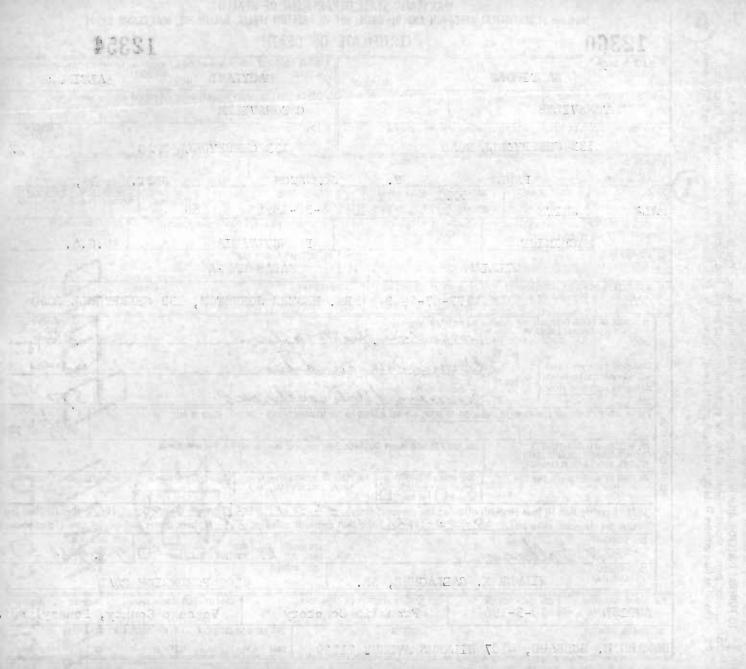
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HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

WILMER K. GATLAGHER, SR.

DIRECTOR

2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2361 death. within 24 hours after death by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 31 DAYS FORT HOWARD filled in popers. hin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2640 KIRK AVENUE VETERANS ADMINISTRATION HOSPITAL NO X 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED 19 66 OLIVER C JONES 11 SEPTEMBER (Type or print) DEATH requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Doys Hours NEGRO WIDOWED DIVORCED JULY 28. 1904 MALE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY MATTHEWS CO., VIRGINIA STEAM ENGINEER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME LILY MATTHEWS ANDREW JONES 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 0 217 07 52 26 CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD. YES WW-11 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) UNKNOWN DEATH burial-transit PART I. DEATH WAS CAUSED BY: CARCINOMA OF LUNG WITH METASTASIS IMMEDIATE CAUSE (o) Page 4 may be retained by the hospitol or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO os the prior to stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? for use Dept. of Heolth NO K 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 21. I certify that (this haspital) attended the deceased fram Aug. 11 12.66 to Sept. 11 19 66 that N) (we) last 19 66, and that death accurred at saw the deceased alive an Sept. 11 D.M. fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** 9/12/66 DIRECTOR PHYS. director, poge 3 should be filed M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Adm. Hosp., Ft. Howard, Maryland GEORGE DUDAS. M. Vet 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) BURTAL (Specify) BALTIMORE NATIONAL BALTIMORE. MARYLAND 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR Elfoy O. Wilson Charles VR A15 (4 DATSEP 2008 Orleans St.

Baltimore Wa

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	12362 CERTIFICATE OF DEATH 12356
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ifthin 24 hou etely filled in papers. within 72 ho	Dulaney Towson Nursing Home Wesley Chapel Road YES NO
uted within completely ve carbon pevent, within	3. NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) Blanche Jordan Jordan September 16 1966
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execu and remort	temale white WIDOWEO X OIVORGEO NOV 23. 1882 83 yrs.
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death certificate be ne attending physicia permit. Then please tion, or removal, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or dates of service) (16. SOCIAL SECURITY NO. 17. INFORMANT Address 21 204
the ation	1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1
that the lcian. Ician. ned by th I-transit	PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRELIMINATE CAUSE (a)
4 may be retained by the hospital or attending physician. 4 may be retained by the hospital or attending physician. FERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ior, page 3 should be detached for use as the burial-transit permit. Then please remove carbon if be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, with	Conditions, if any, which) DUE TO Corlege Cleres is & Deblete 14 Fans
require ding pl been s the bu r to bu	Conditions, if any, which gave rise to immediate cause (a), stating the OUE TO
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DING ed by Afte Id be e Sta	p.m. 19 at work at work 21. certify that () (this hospital) attended the deceased from 13 (6 , 1965, to 9 6 , 1966, that () (66) last
OR ATTEND y be retained DIRECTOR. J age 3 should	saw the deceased alive on 9/16 19 66, and that death occurred at 1:40A troof the causes and on the date stated above.
OR A Do I I I I I I I I I I I I I I I I I I	22a. /SIGNÂTURE
May RAL C	22c. PHYSICIAN'S NAME (Type) WI LLIAM F. FRITZ, M.D. 22d, ADDRESS 2 W. University Parkway, Balto. 18, Md.
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page should be filed	
She she she	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Sept. 19, 1966 Druid Ridge Cemetery Pikesville, Maryland
B	24. FUNERAL OIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	John Burns Sons, Towson, Maryland DATE SEP 21 1956 policy Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12363 CERTIFICATE OF DEATH death. r filled in by the funeral n papers. Pages 1 and 2 ithin 72 haurs after death. within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) 62 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 419 E. 28th Street NO X VETERANS ADMINISTRATION HOSPITAL YES and campletely fi remave carban p 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED JOSEPH F. KAHN (Type ar print) DEATH SEPTEMBER executed IF UNDER 1 YEAR IF UNDER S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Hours Dovs X MALE WIDOWED DIVORCED WHITE AUGUST 13, 1875 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT the death certificate be during most of warking life, even if retired) **INDUSTRY** COUNTRY? physician CARPENTER CONSTRUCTION FT MONROE, VIRGINIA II.S.A. attending physic 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOSEPH KAHN SARA HOGWOOD remor 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) ((If yes give war or dates of service) 5 217 14 37 41 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD YES SAW crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) RECENT PEATH burial-transit PART I DEATH WAS CAUSED BY BRONCHOPNEUMONIA, BILATERAL IMMEDIATE CAUSE (o) signed t MUNICIPALITY Conditions, if ony, which gave RECENT PHILMONARY CONGESTION AND EDEMA rise to immediate couse (a). DUSTON stating the underlying couse as the UNKNOWN CARDIAC HYPERTROPHY has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION af Health r this certificate h detached for use YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) at work ot work O FUNERAL DIRECTOR: After Page 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased from 7/14/66 9/14/66, 19___, that \$\(\text{(we) last} . 19 , to. and that death accurred at 6: 45PM fram causes and an the date stated above saw the deceased alive an 9/14/66 22h DATE SIGNED 22a, SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS. director, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S JORGE A. FABARA, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify)
BURIAL BALTIMORE NATIONAL BALTIMORE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Charles Chenoweth Funeral Home VR A15 (4) 20 M 1/66 966 3615 Chestnut Ave Balto. Md

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Should funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY hours a. STATE まっま た。 た。 Baltimore MARYLAND Baltimore deat by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 writa RURAL end give neerest town) filled in Pages 1 Pikesville since Baltimore executed within hours aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Heights papers. n 72 hou Professional completely house. 3. NAME OF DATE 4. Yeer DECEASED OF (Type or print) Katz DEATH Sept. carbon p Irene 66 Sat 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and lest birthdey) Months event, WIDOWED [certificate 10a. USUAL OCCUPATION (Giva kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) AT HOME BALTIMORE, MARYLAND USA HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Then ple the hospital or attending physician. his certificate has been signed by the attendia for use as the burial-transit permit. Then De Joseph Zamoiski TENA Bernstein 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the Address removal (Yes, no, or unkown) i (If yes give wer or dates of service) STEVENSON NO 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c). INTERVAL SETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, erebral arteriorcles are Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying burial, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 8 0 PERFORMED? prior YES NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) DIRECTOR: After Included for the office of Health p OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) Month, Dey, Yeer factory, street, office bldg., etc.) Not While Hour e.m. at work at work 19 p.m. to 1964 10, 1966, that (1) (we) last .19(0.5., and that death occurred at 6.0M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED TO HOSPITAL death. Page 4 i PHYS. V DIRECTOR PHYS. director, page be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23e. SURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spacify) BALTIMORE. MARYLAND BALTIMORE HEBREW BURTA 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Charles DATE SEP VR A15 (4) BROS. INC. 6010 REISTERSTOWN 20M 5-63

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		Division of STATISTICAL RESEARCH AND I				21201
FOR STATE	1		MINER'S	CERTIFICATE C	OF DEATH 123	359
HEALTH DEPT.	1	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	O STATE	Where deceosed lived, if institution: Res aryland b. COUNTY	idence before odmission)
after death. If any delay is 8. Give Pages 1, 2, and 3 ta along with farm PM3. Page with the State Department of within 72 haurs after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY DR TDWN (If a	utside carparate limits, write RURAL and	give nearest tawn)
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th. If of ges 1, a farm tate De haurs		439 Old Trail Rd.			39 Old Trail Rd.	e. IS RESIDENCE ON A FARM? YES NO
Pag Nith e Sto	3.	NAME OF First Mid DECEASED (Type or point) Paul Albert		Lost	4. DATE Month	Day Year
Give ng v h th	5	111-		DATE OF BIRTH	9 9. AGE (In years I IF UNI	27 19 66 DER 1 YEAR IF UNDER 24 HRS.
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LI EXA		21. I certify that I taok charge of the remains describ			Inspection, Inquiry	, and in my opinian
se es extrar.ned		death resulted fram: Natural causes , Acciden	t 🗷 , Suicid	le, Hamicide		
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o DEPUTY MCCKAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	2	Address (Street	AL EXAMINER t, city, town, or county)	9/27/66
10 D nece the 5 m 5 m 10 Ft Hea	23c	DEMOVAL (C-1.15.)	F CEMETERY OR CE	REMATORY ational	23d. LOCATION (City or Town) Baltimore. M	(County) (Stote)
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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	ARYLAND
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D HOSPIT Page 4 r FUNER/ director, should be	238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) director. Page . COUNTY e. STATE b. COUNTY Marvl and Bal timore Baltimore MARYLAND Department b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) (Golten Ring) rual Baltimore Golden Ring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1210 Hilldale Road 1200 Hilldale Road retained State YES NO 3. NAME OF First 4. DATE Middle Month DECEASED OF hours 1966 DEATH 9 (Type or print) Edward Kelly Louis with 72 h 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. may 2 wit last birthday) Months Deys Hours Male WIDOWED DIVORCED 8- 2- 1901 .5 YES. 2, al 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 3. Give Pages 1, 2 orm PM3. Page done during most of working life, even if retired) pages U.S.A. Captain Bal to. Baltimore Co. rireman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Klumeier 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordeles of service) Mrs Johanna Kelly 1240 Hilldale Road #6 pue No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN .5 Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ក Conditions, if eny, which pending" geve rise to Immediate cause ro. Examiner's DUE TO 35 (e), steting the underlying cause lest. be used (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION burial, PERFORMED? the certificate, writing the word rwarded to the Chief Medical E NO L 3 should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH prior MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work DIRECTOR: forwarded to 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\), Inspection and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER lease execute to should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED PUNERAL SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER ò NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 40 Md. arkwood Cemeter Baltimore, Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR AISME DATE 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12368 and requires that the death certificate be executed within 24 haurs after death. degith. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and b. COUNTANNE ARUNDEL a. COUNTY a. STATE BALITIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 24 DAYS GIEN BURNIE FORT HOWARI e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS BOX 99A. MARLEY NECK ROAD VETERANS ADMINISTRATION HOSPITAL NO X physician and campletely fen please remave carban NAME OF First Middle DATE Day Year DECEASED WILLIAM E KESS SEPTEMBER 66 19 (Type or print) DEATH IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In veors IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Days Haurs 1 18 13 DIVORCED A NALE NEGRO WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? ANNE ARUNDEL CO. . MARYLAND U.S.A. Laborer Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IRENE BROOKS GEORGE KESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit (Yes, no, or unknown) (If yes give wor or dotes af service) 218 18 88 88 CLIN REC., VAH. FT. HOWARD, MARYLAND YES 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit MONTEL AND DEATH PART I. DEATH WAS CAUSED BY: Uremia due to Nephritis IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause Page 4 may be retained by the hospital or attending far use as the O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Pulmonary Edema Pneumonia. YES X NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) factory, street, affice blda., etc.) Hour a.m. Nat While at wark at wark 21. I certify that (4) (this hospital) attended the deceased from August 9, 10 66 to Sept. 2 saw the deceased glive an Sept. 2, 19 66, and that death accurred of 20 M, fram causes are , 1966, that (1) (we) last saw the deceased alive an Sept. 2, M, fram causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 4/66 DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Jose A. Raquel Jr., M.D. NAME (Type) Hospital, Fort Howard 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) Baltimore Marylanx Baltimore National Elroy RWilson Funeral 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Balto. Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) FORT HOWARD and give nearest tawn) 18 DAYS BALTIMORE campletely filled in d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS papers. e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 6607 DANVILLE AVENUE YES NO X executed within × NAME OF First Middle Lost 4. DATE Month Day Year DECEASED 18 WALTER HUBERT KING 66 (Type or print) SEPTEMBER DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED B. DATE DF BIRTH **NEVER MARRIED** last birthdoy) Months Dovs Hours 10 6 01 WIDOWED DIVORCED MALE WHITE 10g. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY WASHINGTON CO., R.I.

14. MOTHER'S MAIDEN NAME Seaman U.S.A 13. FATHER'S NAME crematian, ar remava JOHN KING UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FD RCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. 07 9026 VAH FT HOWARD CLIN REC MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: RECENT PEATH PULMONARY EDEMA AND CONGESTION IMMEDIATE CAUSE (o). þ DUE TO signed burial. Conditions, if ony, which gove PNEUMONIA RIGHT LOWER LOBE RECENT rise to immediate couse (a), CARDIAC FAILURE DUE TO ARTERIOSCLEROTIC RECENT as the priar tak stoting the underlying couse Page 4 may be retained by the haspital ar attending has been HEART DISEASE WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use State Dept. of Health PASSIVE CONGESTION OF LIVER AND KIDNEY INFARCTION YES X NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (1) (this haspital) attended the deceased fram Aug. 31 1900, to Sept. 18, 19 66, and that death occurred in Man, from causes and on the date stated abave. 21. I certify that (4) (this haspital) attended the deceased fram Aug. 31 to Sept. 10 19 66 that (1X(we) last 22b. DATE SIGNED 9/20/66 220. SIGNATURE Meunastr ATTENDING M.D. DIRECTOR PHYS. PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) RAUL DE CASTRO, M. D. Vet. Adm. Hosp., Ft. Howard, Md. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, BURIAL (Specify) BALTIMORE. BALTIMORE NATIONAL 25b. REGISTRAR'S SIGNATURE ZANNINO FUNERAL HOME 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marley

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MARYLAND STATE DEPARTMENT OF HEALTH

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3.	3. NAME OF DECEASED (Type or print) ELIZABETH Middle KOST DEATH 9 20 19	66
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN years IF UNDER 1 YEAR IF UNDER	R 24 HRS.
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	weaver Linen thread Hungry U.S.A.	
13	14. MOTHER'S MAIDEN NAME	
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12	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address 18. Social Security No.	
_	no 213-18-1566 Gilbert Kost 7112 Marston Rd. Balto 7.	Md
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	TWEEN
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	228. SIGNATURE / 1 // 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	b. DATE
	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. PHYS.	SIGN
	22c. PHYSICIAN'S 22d. ADDRESS	
	NAME Offard H. Golombek 7039 Liberty Rd Balto 7, Md	
23	REMOVAL (Specify)?	State)
1	Berrial, 19123/66 Woodlawn Cemetery Baltimore 7, Md.	
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MARYLAND STATE DEPARTMENT OF HEALTH

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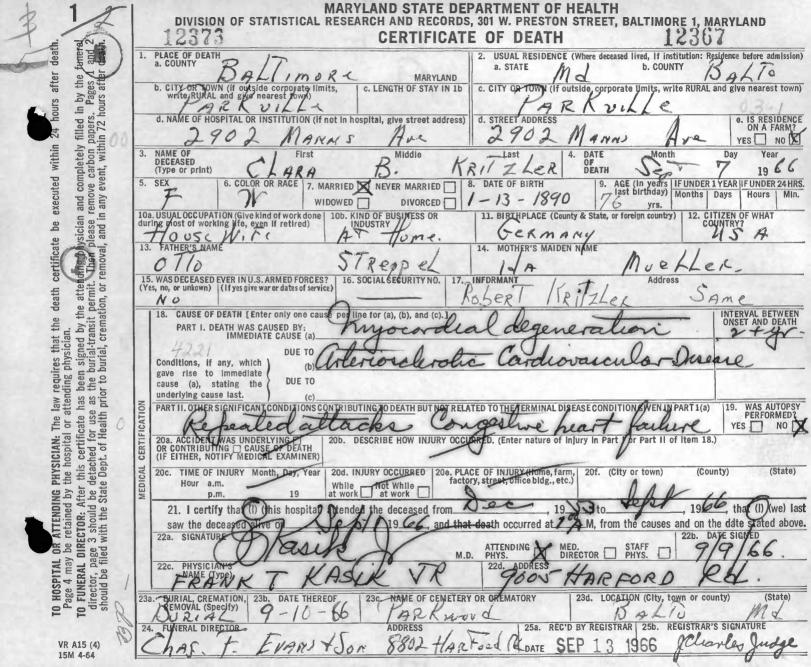
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours hours BALTIMORE BALTIMORE = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled ve carbon papers. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 1615 ALSTON ROAD 1615 ROAD ALSTON YES NO executed within completely NAME OF Month First Middle DATE Day Year DECEASED SSIE 19 66 (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and cor 7. MARRIED NEVER MARRIED last birthday) Months Hours any FEMALE WIDOWED DIVORCED 1922 10a. USUAL OCCUPATION (Give kind of work done) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? AT HOME MARY AND LICA certificate HOUSEWIFE 13. FATHER'S NAME removal SIMON EDITH FIXMAN SHULMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT transit permit. 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkown) | (If yes give war or dates of service) NO MR. THEODORE M. KREMER. 1615 ALSTON 216-16-5790 the CAUSE OF DEATH [Enter only one cause_per line for (a), (b), and (c),] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO requires Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause last. (c) as MR. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMED? certificate YES . NO T the hospital CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached f Dept. of Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. Not While After While at work at work retained P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 1966, and that death occurred at/6:15 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED page ATTENDING PHYS. M.D. DIRECTOR Page 4 may PHYSICIAN'S FUNERAL 22c. 22d. ADDRESS director, p NAME (Type) NAME OF CEMETERY OR CREMATORY A ROEM LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BALTIMORE. MARYLAND BURIAL 9/13/66 DULANEY VALLEY MEMORIAI REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. VR A15 (4) & BROS.INC. 6010 REISTERSTOWN 15M 4-64

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
700c	12374 CERTIFICATE OF DEATH 12368
S de	Baltimore County 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE M. COUNTY BALTIMORE B. COUNTY B. COUNT
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MountWilson
-	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS l.e. IS RESIDENCE
1	Mount Wilson State Hospital 60/ W. 38 th St. VES NO.
3	NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) (TROYAR FIMER KRIXAR DEATH SPART 10 19 6
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR
	Male white WIDOWED DIVORCED 2-22-93 T3 yrs. Months Days Hours Min.
1 d	Da. USUAL OCCUPATION (Give kind of work done Industry) 12. CITIZEN OF WHAT COUNTRY?
1	Factory Worker foundry Pa. M.S. H. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	John W. Krixer Zlizabeth Steinour
17	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknwn) (If yes give war or dates of service)
Ĺ	No. 2/3-16-6076 Records, Mount Wilson State Hospital
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: (R) () INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Caromona of Lung (1 12) 6 months
	Conditions, If any, which \ (1) C metastani
	gave rise to immediate cause (a), stating the DUE TO
2	underlying cause last. (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
I EI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury InPart 1 or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While Not While
MED	p.m. 19 at work at work
	21. I certify that (I) (this hospital) attended the deceased from 7-19, 1966, to 9-10, 1966, that (I) (we) ia
	saw the deceased alive on Sept. 10 19 66, and that death occurred at 120 M, from the causes and on the date stated above 22a. SIGNATURE
ı	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
	Wm. New Comer, M.D., Superintendent Mount Wilson, Maryland
2	3a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Busial 9/13/66 Landon Fash Deallo ADDRESS 25a, REC'D BY REGISTRAR'S SIGNATURE
2	But E. I hungwith 1245 Chustrut Aug. DATE SEP 13 1966 Icharles Julie
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	24 h	y filled in by t papers. Page hin 72 hours a	OR 3 1 ON A FARM?
	hin	ely in	3. NAME OF First Middle A Kast Knobl 4. DATE Month Day Year,
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	cuted	and con remove rany eve	5. SEX 6. COLOR OR PACE 7. MARRIED 5. SEX 9. DATE OF BIRTH 9. AGE in years iFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.
	exec	sician and ease remo and in any	WIDOWED DIVORCED WILL
	pe	physician n please /al, and ir	during most of working life, even if retired) INDUSTRY Ballo Mid COUNTRY?
	cate	al, al	13. FATHER'S NAME
	ertifi	ding ph Then remova	Your Will Grace Boehline
	death certificate be	or it.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Address
		per per ation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH
	-	SIS	PART I. DEATH WAS CAUSED BY: Deute Coronary Thrombons ONSET AND DEATH
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	ires phy	hur bur	Conditions, If any, which gave rise to immediate (b)
	requ	been the b	cause (a), stating the DUE TO underlying cause last. (c)
	law	has be e as th h prior	
	The or a	for use Health	YES NO
	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician.	certificate has hed for use as it. of Health pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	IVSIC e ho	r this ce detache te Dept.	
	4 th	DIRECTOR: After this cage 3 should be detach	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. (City or town) (County) (County) (County) 20g. (City or town) (County) (County) (County) (County) 20g. (City or town) (County) (Count
	ATTENDING retained by	Aff uld b	21. I certify that (I) (this hospital) attended the deceased from 4 April, 19/4, to / Sept., 19/4, that (I) (we) las
	TTE	sholl the t	saw the deceased alive on 4 fund 19 64, and that death occurred at M, from the causes and on the date stated above
	OR be	A DIRE	M.D. ATTENDING DIRECTOR DIRECTOR DIPHYS. D 2 Staff LG
	TAL	Pal l	22c. PHYSICIAN'S NAME (Type) A M ROLLEY 22d. ADDRESS & Day Balt. MA
	Page 4 may	director, pa should be fi	A Milliam Mail Mail , Mail , Maria
	TO H	dir	Course (Son 5. 66 Andres tail Dallo Co.
		aff.	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		A15 (4) 30 1 4-64	Il Allemann 6067 Hay/cd DATE SEP 7 1966 Johnson Judge

(C) (S) There is a fallen feeth Balte Co The College of the Strange of the 20th of 1855 201

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12376 CERTIFICATE OF DEATH and 2 **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) NAME OF HOSPITAL OR INSTITUTION (If not in haspital. d. STREET ADDRESS ON A FARM NO NAME OF × Year DECEASED OF 21 1966 Type ar print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Manths Haurs WIDOWED V any DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR & State, ar foreign country) COUNTRY? during most of warking life, avan if retigation 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phy burial-transit permit. Then His Krown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates af service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO Canditians, if ony, which gave rise to immediate couse (o). DUE TO far use as the t Health priartab stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) Haur a.m. foctory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram 19 be retained M. fram causes and an the date stated above. and that death accurred at saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LQCATION (City or Town) (County) (State) REMOVAL (Specify)

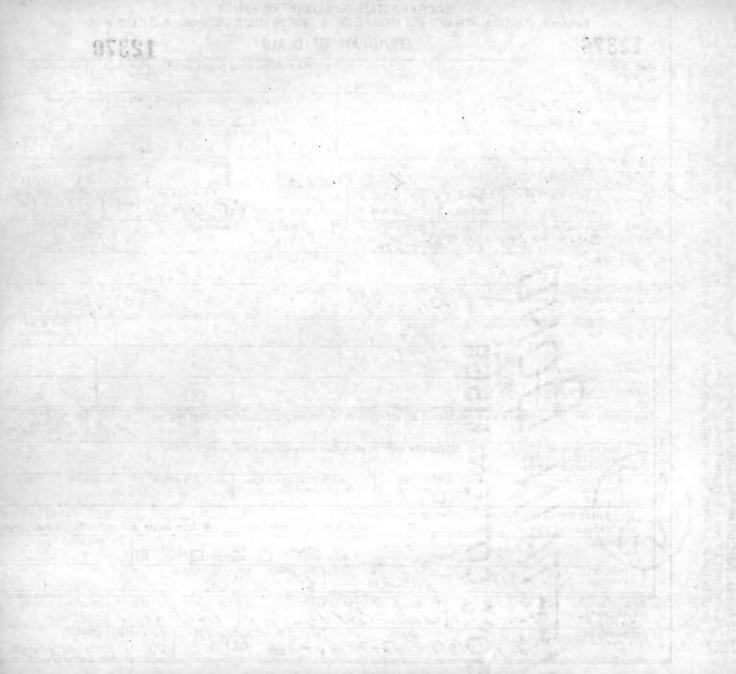
ADDRESS

24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66 2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12377 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admissian) PLACE OF DEATH O. STATE MARYLAND b. COUNTY a. COUNTY BALTIMORE MARYLAND and campletely filled in by the freemove carban papers. Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn)
CATONSVILLE BALTIMORE e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) hin 72 l 915 CALWELL ROAD SHADY NOOK NURSING HOME YES NO X Middle remave carban 3. NAME OF First DATE Manth Year Lost DECEASED 8, SEPT. 19 66 **JOHN** E. KUHL DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthday) Manths Hours AUGUST 23, 1879 WHITE WIDOWED XX MALE DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) INDUSTRY MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17. INFORMANT 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) 5 MR. JAMES E. KUHL, 4725 DUNKIRK ROAD, 21229 705-03-9388 CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) þ DUF TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) 1966 that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from. . 1940 5. to LC 3 1966, and that death accurred at 930 PM, from causes and an the date stated above saw the deceased alive on Lepy 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS. 22d. ADDRÉSS 22c PHYSICIAN'S NAME (Type) 4001 WILKENS AVENUE 21229 EARL I. PASS director, shauld b 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 23b. DATE THEREOF MARYLAND BUNNAA (Specify) BALTIMORE, LOUDON PARK CEMETERY 9-12-66 ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 966 HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #9 Film #6387 OF DEATH

19372 12378 the attending physicion and completely filled in by the funeral sit permit Lean please I amove carbon papers. Pages I and 2 sit permit Lean please remove carbon papers. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Maryland
c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Baltimore b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Baltimore Baltimore 21234 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS St. Josephs Hospital 9741 Magledt YES NO F Road 3. NAME OF Inst 4 DATE Doy Year DECEASED 19 66 (Type or print) Mandiville DEATH Sept. Richard Lambert 6. COLOR OR RACE AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 8. DATE OF BIRTH Months Dovs Hours 11. BIRTHPLACE (County & Stote, or foreign country) 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) LIOW Cab Co. COUNTRY? Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) JANETL. GAMBERT 9741 MAGLEOT RD 216-10-3789 buriol, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Coronary artery disease, severe: signed | Conditions, if ony, which gove (b) Small septal infarction: rise to immediate couse (a) Mook Pulmonary edema; stoting the underlying couse for use os the li Health prior to k Page 4 moy be retained by the hospital or ottending this certificate has been (c) Prostatic carcinoma with metastases lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES K 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) at work at work O FUNERAL DIRECTOR: After 21. I certify that (4) (this haspital) attended the deceased fram Sept. 16, 19, 66, to Sept. 1.69, 66that (4) (we) last saw the deceased alive an Sept. 16 19 66, and that death accurred at 6.40 M Mam causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. Sept. 17, 1966 director, page 3 should be filed v DIRECTOR M.D. PHYS 7620 York Road, 21204 22c. PHYSICIAN'S NAME (Type) D. R. Govinda Rao., M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify) BALFO, MD, WOODLAWN 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

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2Dc. TIME OF INJURY Month, Doy, Year

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20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased fram.

M.D.

ATTENDING

22d. ADDRESS

(City or town)

STAFF PHYS.

19 66, and that death accurred at 122 M, from Jouses and an the date stated above.

(Stote)

(Stote)

(County)

DATE SIGNED

22b.

22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. Burial (Specify)

220. SIGNATURE

Hour o.m.

saw the deceased alive an___

23b. DATE THEREOF 1966

Dr. Laurence C. Post

Rock Creek **ADDRESS**

DIRECTOR

6805 York Road

23d. LOCATION (City or Town) (County) Washington.

2So. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR .W. Jenkins DATESEP Sons Co.

23c. NAME OF CEMETERY OR CREMATORY

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12380 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. pub and completely filled in by the funeral remave carban papers. Pages 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore 13 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 406 Murdock Road Veterand Administration Hospital YES NO IX 3 NAME OF First ease remave carban Lost 4. DATE Month Yeor Dov DECEASED HOUCK 1966 CHARLES TEASE Sept. (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED IF UNDER 1 YEAR 88 lost birthdoy) Months Doys Hours 9/1/1878 Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Railroad U.S.A? Frederick County, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amos Lease Mary Houck IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service) 6 219 10 11 65 Clinical Reds. VA Hospital. Fort Howard, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN burial-fransit PART I. DEATH WAS CAUSED BY CARCINOMA SYNDROME IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DHE TO Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stoting the underlying couse has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use should be filed with the State Dept. of Health i MEDICAL CERTIFICATION YES NO X 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that *) (this haspital) attended the deceased fram Aug. 22, 19 66, to Sept 4, 19 66 that *) (we) last saw the deceased alive an Sept 4 19 66, and that death occurred at 10 A.M., from couses and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JR. M.D. VA Hospital, Fort Howard . Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) PENOVAL (Specify) Sept. 7/1966 Baltimore National Baltimore Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 190 ADDRESTORK Road 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Baltimore, Maryland DATE SEP Ocharles 1966 Henry W. Jenkins & Sons. Co.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12381 within 24 hours after death, by the funeral Pages 1 and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND hours after c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corparate limits, c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) FORT HOWARD negrest town) 12 DAYS BALTTMORE filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 26 WARREN PARK DRIVE NO X Middle 4. DATE ease remove corbon 3. NAME OF First Lost Month Day Year DECEASED SAMJEL 18 **ABRAHAM** LTCHTENBERG SEPTEMBER 19 66 (Type or print) DEATH xecuted IF UNDER 24 HRS. 5 SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours 7/8/93 WHITE and in any MALE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? BALTIMORE, MARYLAND U.S.A. RETTRED requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal, ROSE MAUSTRAM HENRY TOCHUENBERG PEARL LICHTENBERG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, na, ar unknown) ((If yes give war or dates af service) COMMENDATION OF THE PROPERTY O 220 18 56 91 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY: CEREBRAL VASCULAR ACCIDENT IMMEDIATE CAUSE (a) DUF TO YEARS Conditions, if any, which gave ESSENTIAL HYPERTENSION rise to immediate cause (a). DUF TO stating the underlying cause **DIRECTOR:** After this certificate has been far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. foctory, street, office bldg., etc.) at wark 21. I certify that (4) (this hospital) attended the deceased from Sept. 6, 19 66, ta Sept. 18, 1966, that (5) (we) last saw the deceased glive on Sept. 18, 1966, and that death occurred of p.M, from causes and on the date stated above. 19 66, ta Sept. 18, 1966, that X) (we) last 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 9-18-66 DIRECTOR M.D. PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) L. HANDWERGER. M.D. HOSPITAL FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 9/20/66 HEBREW FRIENDSHIP 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR SOL LEVINSON & SONS ADDRESS 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 6010 REISTERTOWN RD., BALTIMORE, MARYLAND

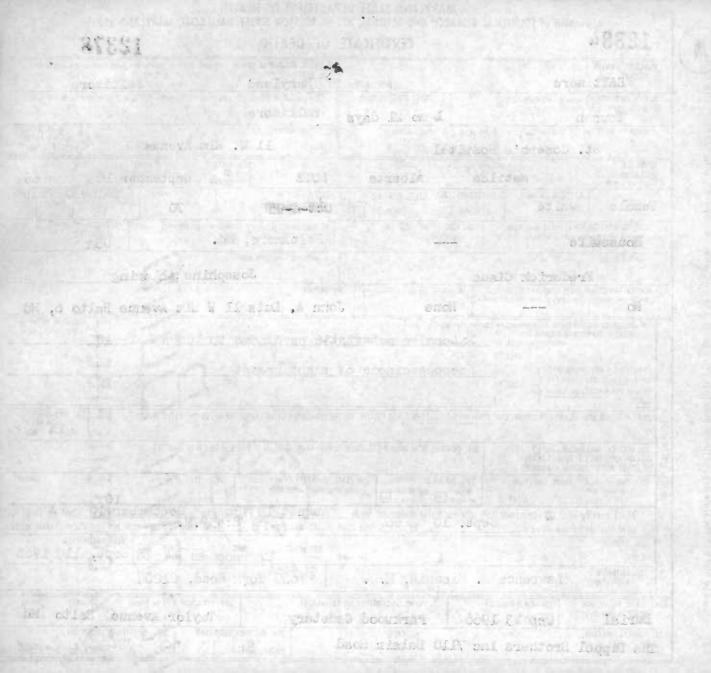
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death. and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY ALTIMORF MARYLANO Pages urg-aft b. CITY DR TDWN (If outside corporate limits, write RURAL and giva nearast town) c. LENGTH CF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) þ STMINIS = W SON papers. E OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? WEST NO X YES with completely carbon NAME OF Middle Last DATE Month Oay 4. Year OECEASED EPT (Type or print) DEATH 19 66 SEX 6. COLOR OR RACE emove any eve 7. MARRIED OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days and WIOOWED DIVORCEO 0 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? WSON 11.5.A 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending phermit. Then remov I HOMAS ACHEL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NG PHYSICIAN: The law requires that the by the hospital or attending physician. 120 - COLDIO arres OUE TO Conditions, If any, which (b) gava rise to immediate OUE TO causa (a), stating underlying cause last. has as PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMEO? certificate CERTIFICAT TNAZAR YES X NO T 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) of r this cert detached MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURREO | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) After the de state I factory, street, office bldg., etc.) Hour a.m. Not While p.m. 19 at work at work retained D 21. I certify that (I) (this hospital) attended the deceased from 6:30 DIRECTOR: age 3 should lied with the and that death occurred at 8:25 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURI 22b. OATE SIGNED pe page ATTENOING OIRECTOR L PHYS. PHYS. Page 4 may HOSPITAL PHYSICIAN'S 22d. AOORESS FUNERAL 22c. director, p should be ENTER LOCATION (City, town or county) BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. (State) 0 ML (Soecify) R REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 25a. REC'O BY REGISTRAR 25b. VR AI5 (4) 20M 1/65

68 5 ... 5 PALTIMERE WESTMINISTER IND 1000 5001 CREATER (SHLTE, PRO) CANTER 88 WEST PHAIN ST. BABY GIRL LITTLE SEPT 20 64 Sert 20, 194 2 ms = 0 0 7 0 LS.A. U.S.A. U.S.A. THOMAS W. LITTLE RACHEL MAE BLACK Kespiro-cardio arrect , Stepsis , 15 min CONSESSITAL RESERVENCE RAPEMEN & LIVE POSSINGE HEART DEPROPE & ANDROPS & AND × MATERIAL AMNIONITIS Richard I Bookle x 4/20/66 RICHARD WILLIAM DEDDS GRIK BALT, MEDICAL CENTER RETURNE STATISTS FLAGTERS (STEAMS ST. BASTELLE)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12384 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. ond 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) signed by the ottending physician and completely filled in by the funeral buriol-tronsit permit. Then please remove corbon papers. Pages 1 and burial, cremation, or removal, and in any event, within 72 hours after deat PLACE OF DEATH b. COUNTY Baltimore o. COUNTY Baltimore o. STATE Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) Baltimore L mo 21 days Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 11 W. Elm Avenue St. Joseph's Hospital YES NO Middle 3. NAME OF 4 DATE First Doy Year DECEASED (Type or print) Matilda LUTZ Alberta September 10 19 66 DEATH IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Female white Oct-4-95 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Claus Josephine Whilering 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. John A. Lutz 11 W Elm Avenue Balto 6, Md None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Extensive metastatic carcinoma to lungs & liver IMMEDIATE CAUSE (o). **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove Adenocarcinoma of right breast rise to immediate couse (o), DUE TO stoting the underlying couse for use os the I hos been 19. WAS AUTOPSY PERFORMED? PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION director, page 3 should be detached for use should be filed with the State Dept. of Heolth NO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram August 19, 1966 to September 1900, that (1) (we) last saw the deceased glive an September 10, 1960, and that death accurred at 8:45%, from causes and an the date stated above. September1900, that (A) (we) last saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. Sept, 11, 1966 M.D. PHYS 22d_ADDRESS 7620 22c. PHYSICIAN'S Lawrence F. Misanik. M.D. York Road, 21204 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Balto Md Taylor Avenue Parkwood Cemetery SEDT13 1966 0 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR The Dippel Brothers Inc 7110 Belair Road Miarley Judge 1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 urs after after BALTIMORE the MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ papers. Pag .⊑ BALTIMORE BALTIMORE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 within 4302 OLD COURT ROAD YES ND COURT ROAD executed within completely carbon NAME DE First Middle Last 4. DATE Month Day Year DECEASED DEATH (Type or print) 19 G. LUTZKY AGE (In years ITF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 8. DATE OF BIRTH remove 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours 1 any and FEMALE WHITE WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Then please removal, and in .⊑ 10b. KIND OF BUSINESS OR pe during most of working life, even if retired) INDUSTRY HOUSEWI FE AT HOME BALTIMORE MAR 14. MOTHER'S MAIDEN NAME USA death certificate 13. FATHER'S NAME remova SIGMUND GOMBRECHT ROSE GOODMAN attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFDRMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) BERNARD LUTZKY. 4302 OLD COURT 213-05-4499 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which rise to immediate DUE TD cause (a), stating as th underlying cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY CERTIFICATION certificate had hed for use a PERFORMED? ND YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) shed f etache Dept. (State) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While retained by p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lled with the and that death occurred at 11 PM. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING DIRECTOR PHYS. PHYS M.D. may O HOSPITAL ADDRESS 22d. PHYSICIAN'S FUNERAL director, p NAME (Type) LOUIS GOODMAN (State) LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMDVAL (Specify) OHEB SHALOM MARYLAND BALTIMORE 14/66 REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY FUNERAL DIRECTOR LEVINSON & BROS. INC. 6010 REISTERSTOWN VR A.15 (4) DATE 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12386 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY ARTLAND MARYLANO CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) CHASE CHASE carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO 6 3. NAME OF Middle 4. DATE Manth Coy Year DECEASED OF DEATH 1966 (Type or print) S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR IF UNOER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. 81RTHPLACE (County & State, ar fareign country) during most of working life, even if retired) INDUSTRY MARTINS COUNTRY? crematian, or remaval, and SUPERVISOR 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME UNKNOUN WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) I(If yes give war or dates of service) -03-4835 SAME 18. CAUSE OF OEATH (Enter anly one cause per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSEO BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUF TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Haur a.m. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Nat While at wark at wark , 1965, to Sapt 19, 1966, that (1) (we) lost 21. I certify that (I) (this hospital) ottended the deceased from _________ saw the deceased stive an sept 18 1966, and that death accurred at 530A M, fram causes and an the date stated above 220. SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF PHYS. M.D. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 01> 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. 8URIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) REST HAVEN HANOVER A 25b. REGISTRAR'S SIGNATURE AOORESS 2So. REC'D 8Y REGISTRAR 24. FILINERAL OIRECTOR VR A15 (4) TG, CONNELLY DATE SEP



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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MEDICA	20c. TIME OF INJ Hour o. p.	10	20d. INJ While ot work	Not While	PLACE OF INJURY foctory, street, off	ice bldg., etc.)	20f. (City or tow		inty)	(Stote)
	21. I cert saw the d	ify that (🏲 (this ho leceased alive an_	spital) attende Sept. 6	ed the deceased from 19 66 , and	that deoth oc	curred al	to Sept	ses ond on th	6 , thot (1) ne dote stat	(we) last ted above.
	22o. SIGNATURE	Sulla	Machel	ler	M.D. ATTENDI	DIREC			7=6-66	TR & T
	22c. PHYSICIAN' NAME (Type) Stella W		, M.D.	22d. A		NG GROVE timore, M			1 AL
230	BURIAL, CREMATI	ON, 23b. DATE TH		23c. NAME OF CEMETERY		23	3d. LOCATION (City	or Town)	(County)	(Stote)
	REMOVAL (Specification)		966	McKendre	е		lack Ho	rse. M	aryla	nd
	I. FUNERAL DIRECT		T	ADDRESS	252	2So. REC'D BY R		o. REGISTRAR'S SI	ENATURE LUS	lee.
UI	narles	E. Kurtz	Jar	rettsvill	e, Md.	DATESEP	8 1966	1	1	1

VR A15 (4) 20 M 1/66

Page 4 may be retained by the hospital or ottending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. af Health prior to burial, cremation, or removed, and in ony event, within 72 hours after define.

OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth.

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4 4 H	filled in papers. F in 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS GREATER BALTMARE MEDICAL CENTRE 2904 IN HIS WOOD AVENUE ON A FARM?
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with	scian and completely filled in by dase remove carbon papers. Pag and in any event, within 72 hours	3. NAME OF DECEASED (Type or print) JOHN RAYMOND MAGUIRE DEATH SENTEMBER 15 1966
ted	com even	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 7 90 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
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ifica	1 5 E	13. FATHER'S NAME
cert	rem	JOHN FRANCIS MAGUIRE EMILY Phillips 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ath	pnysician. n signed by the attending ob burial-transit permit. Then burial, cremation, or removal	(Yes, no, or unkown) (If yes give war or dates of service) 217-06-2546 Mrs. Mary (. Maguire Same
e e	the t pe ation	1.18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) 1
ŧ	an. by ansi	PART I. DEATH WAS CAUSED BY: CARDIO - RES PIRATORY FAIL URE ONSET AND DEATH
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redi	been the b	cause (a), stating the OUE TO
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The	or cate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? A CHEX. A JA JASCULAR OCCLUSION LEFT Lower Linguistics NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I of Part II of Item 18.) OCCLUSION LEFT Lower Linguistics NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I of Part II of Item 18.)
AN:	rtifi d fo of H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I of Part II of Item 18.) OR CONTRIBUTING CAUSE OF OCATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Sici	nos s ce ache ept.	
E.	r the det	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, street, street, street, street, street, street, street, street, stree
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TEND	or: OR: Tould the	21. I certify that (I) (this hospital) attended the deceased from September 1, 19 66, to September 15, 19 66, that (I) (we) lass saw the deceased alive on September 15, 19 66, and that death occurred at A.M. from the causes and on the date stated above
AT	ECT 3 sl with	22a. SIGNATURE / 22b. DATE SIGNEO
9	DIR age filed	Dern's Chan M.D. ATTENDING MED. STAFF PHYS. 15 190
O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.	Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR. After this certificate has been director, page 3 should be detached for use as the I should be filed with the State Dept. of Health prior to	1 22C. PHYSICIAN'S DENIS TOIN CHUNG CHAN 22C. ADDRESS NAME (TYPE) DENIS TOIN CHUNG CHAN FRATER BALTIMORE MEDICAL CENT
HOS	FUN FUN FUN FUN	
무,	2 2 2 2	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL (Story) 9/19/66 Moreland Memorial Balto., Md. (State)
	0	Leonard J. Ruck, Inc., Balto., Md. 21214 pas FP 16 1968 Scharles July
VR 20	M 1/65	Leonard J. Ruck, Inc., Balto., Md. 27274 DATSEP 16 1968 June June
	1 10	

BETTER BUSINESS FORMS, INC., BALTIMORE, MD. 21201 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. GOUNTY b. GDUNTY 927/morr MARYLAND b. CITY DR TDWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours a write RURAL and give nearest town) hours d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? carbon NAME DE Middle First DATE Month Day DECEASED SEPT. (Type or print) DEATH 1966 executed 5. SEX 6. GOLOR OR RAGE 9. AGE (In years LIF UNDER 1 YEAR IIF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED last birthday) Months I Days and WIDOWED DIVORGED 0 9 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired), 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. GITIZEN OF WHAT INDUSTRY GDUNTRY? LISTER

13. FATHER'S NAME MONTGOMERY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SEGURITYND. (Yes, no, or unkown) (If yes give war or dates of service) the a cremation, CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS GAUSED BY the hospital or attending physician, IMMEDIATE CAUSE (a) DUE TD TYELONEPHRI71S Genditions, If any, which rise to immediate DUE TO cause (a), stating the underlying cause last, as CERTIFICATION PART II. DTHER SIGNIFICANT GONDITIONS GONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health use PERFORMED? YES NO Z 20a. AGGIDENT WAS UNDERLYING [20b. DESGRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f

DR GDNTRIBUTING CAUSE DF DEATH
(IF EITHER, NOTIFY MEDIGAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OGGURRED Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the degeased from saw the degeased alive on. 22a. SICNATURE

BURIAL, GREMATION,

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20e, PLAGE DF INJURY (Home, farm, I 20f. (Gity or town) (Gounty) factory, street, office bldg., etc.)

and that death oggurred at M, from the gauses and on the date stated above. DATE SIGNED

DIRECTOR

PRYSIGIAN'S ADDRESS NAME (Type) rnold

23d.

(State)

(State)

LOGATION (Gity, town or county)

PHYS.

Cherry Cemeterv FUNERAL DIRECTOR REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR GREMATDRY

M.D.

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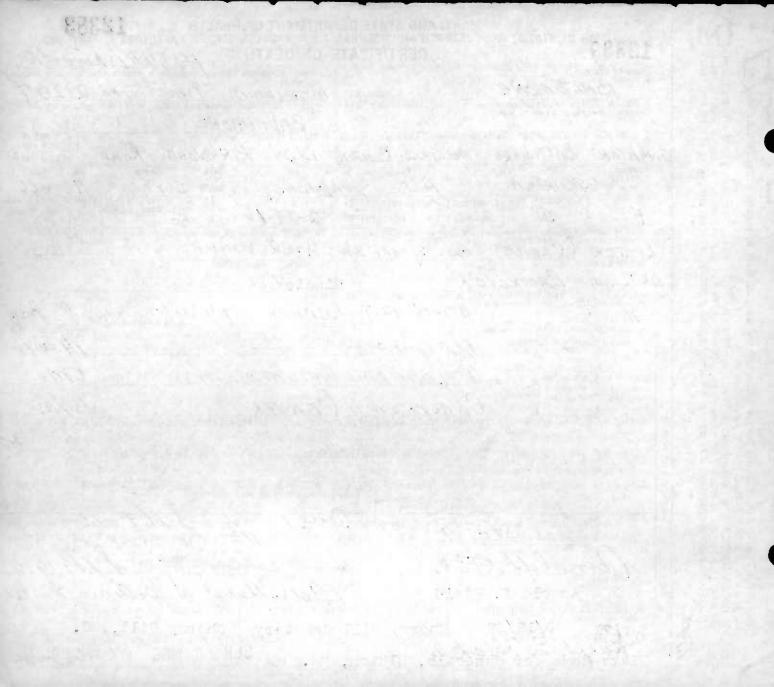
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Se se	1 1	M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12384
R	after death. the funeral ges 1 and 2 after death.		1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE Md b. COUNTY)
de L	urs n by Pa		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Catonsville C. LENGTH OF STAY IN 1b C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore
ma	n 24 h filled papers	90	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) House in the Pines d. STREET ADDRESS 2811 Florida Ave 27 e. IS RESIDENCE ON A FARM? YES NO
73	ited within 24 ho completely filled i ve carbon papers.		3. NAME DF DECEASED (Type or print) Margaret G Martin Hard Day Year DF DEATH Sept 5 1966 19
10	and remo		5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH Female Wildowed Divorced Jan 2,1892 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. Mi
Bas	ate be e		1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR II. BIRT HPLACE (County & State, or foreign country) 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? 13. FATHER'S NAME
Sie	certificate dingribuys		William Martin Anna Landers
13	death of		(Yes, no, or unkown) (If yes give war or dates of service) No Family
Ì.	PHYSICIAN: The law requires that the deat the hospital or attending physician. It is certificate has been signed by the at detached for use as the burial-transit permed bot. of Health prior to burial, cremation.		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) INTERVAL BETWEEN ONSET AND DEATH thrombosis, acute, recurrent sudden
	CIAN: The law ospital or atten certificate has ned for use as to of Health price.	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO TO
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•	L OR ATTEND by be retained DIRECTOR: 1 age 3 should lied with the		21. I certify that (I) (this hospital) attended the deceased from July 21, 1966, to Micros 9/5, 1966, that (I) (we) last saw the deceased alive on 8/27 1966, and that death occurred at 7:50 MARCH the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 9/6/66
	TO HOSPITAL Page 4 may TO FUNERAL D director, pag should be file	1	22c. PHYSICIAN'S NAME (Type) Herbert Levickas, M.D. 22d. ADDRESS 1073 Maiden Choice Iane 23a. BURIAL, CREMATION, 23b. DATE THEREOF SEMOVAL (Specify) Burial (Specify) 9/8/66 New Cathedral Cem Balto Md
	VR AI5 (4) 20M 1/65	B	24. FUNERAL DIRECTOR ADDRESS McCully FH 237 Patapsco Ave 21225 Date SEP 8 1966 Clickles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death at PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. SMaryland Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Towson, Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours Towson. Md. .⊆ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 300 Stevenson Lane NO X 300 Stevenson Lane within completely carbon NAME OF 3. Month First Middle Last DATE Year DECEASED OF DEATH event, 9/8/66 (Type or print) WILLIAM MARTIN 19 executed 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH -emove 7. MARRIED NEVER MARRIED [last birthday) Months Hours any Male 1896 and White WIDOWED DIVORCED [Apr. 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ician ase COUNTRY law requires that the death certificate be during most of working life eventif retired) Portland, Maine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Martin Hanna Welsh attendi 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address the attent t permit. (Yes, no, or unkown) (If yes give war or dates of service) Constance H. Martin (Widow Mrs. cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-tr burial, DUE TO Conditions, If any, which peen gave rise to Immediate r to DUE TO cause (a), stating the prior underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use PERFORMED? NO YES | 6 PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of F OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While at work at work 19 p.m. P 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the 1966, and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE OR be ATTENDING MED. DIRECTOR STAFF PHYS. page HOSPITAL FUNERAL PHYSICIAM'S ADDRESS director, p NAME DIVDE NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) 166 Parkwood Cemetery Balte ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 11-Wiedefeld Home. Mitche Inc. 1966 VR A15 (4) 20M 1/65

na nachyall end of the . IOI . HOSWE'I' Duxsen; Ild. y Team nonnevers dog -SHIEL RESIDENCE - 108 i.i. 15, 6, 15, 6 yna g cha le la como trail 150 AND - LITE - LONG Point annual ij:1:1: 12-10-467 ,ce. vons, mov M. Are, in (1000) Oll Free Francisco Durial :/1/00 Europe Caleraly Elico.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12392 CERTIFICATE OF DEATH deoth. requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) O. COWNEY Baltimore o. STATE b. COUNTY MARYLAND Maryland completely filled in by the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Rural, Towson hours 9 months Baltimore papers. hin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ASHNGBN ST. ON A FARM? Villa Maria Notch Cliff within NO T carban NAME OF First Middle DATE Lost Month Dov Year DECEASED Siste r Salesia Mazur 9 17 Mary 66 Type or print) 19 DEATH S. SFX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove pirthdoy) Months Doys Hours 7 21 1889 Fe male W WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S. during most of warking life, even if retired) INDUSTRY Washington D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ann Shea Lawrence Mazur the ottending 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 218 54-(Yes, no, anunknown) (If yes give wor or dotes of service) 3461 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Poge 4 moy be retained by the hospitol or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse as the this certificate hos been lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Health NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While be de State [ot work 21. I certify that (I) (this haspital) attended the deceased from sugar. 196 6 to le should saw the deceased alive on Decision S and that death accurred at 1300 M, fram causes and an the date stated above. 19 66 O FUNERAL DIRECTOR 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) **8URIAL, CREMATION.** 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (Cityaor (County) (Stote) REMOVAL (Specify) KMETER FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR DATE OC

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death funerol puc 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND BALTTMORE MARYLAND and campletely filled in by the t c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD BALTIMORE 75 DAYS d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? 704 DEEPDENE ROAD NO T VETERANS ADMINISTRATION HOSPITAL NAME OF Middle 4. DATE First Lost Month event, wit Dov Year DECEASED 19 W. MC COMAS SEPTEMBER 66 HOWARD DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 55 yrs. Months Dovs Hours NOV. 3, 1890 ond in ony WIDOWED DIVORCED MALE WHITTE 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR requires that the death certificate be OUNTRY? A. INDUSTRY BALTIMORE, MARYLAND INTERIOR DECORATOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, ELLA FELLERGER HARRY MC COMAS 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of service CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 216 07 20 27 YES WW INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) HOURS DEATH burial-transit PART I. DEATH WAS CAUSED BY CONGESTIVE FAILURE IMMEDIATE CAUSE (o) DUE TO HOURS PULMONARY INSUFFICIENCY Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse attending TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health p CARCINOMA OF BLADDER. UNKNOWN YES X NO be retained by the hospital or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH at (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 9/19/66 21. I certify that (this hospital) attended the deceased from 7/7/66 . 19 that *(We) lost 9/19/ 19 66 and that death accurred at 8:25 My ram causes and an the date stated above. sow the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. 9/19/66 DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS VAH FORT HOWARD, MARYLAND NAME (Type) JOSEPH W. KURAD. M. D directar, g 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR Milianles WM. E. JOHNSON FUNERAL HONE 1966 8521 LOCH RAVEN BLVD. BALTO.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12394 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and and campletely filled in by the funeral remove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore Maryland MARYLAND . CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) hin 72 hours 18yr3mth2dys Baltimore d. STREET ADDRESS 968 Franklin Rd. papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Seton /Institute STATE HOSP IT AL G ROVE SPRING 3. NAME OF please remave carban × First Middle 4. DATE Manth DECEASED McCormick Loretta Sept. 17 (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Manths 1889 and in any DIVORCED WIDOWED white demale 10a, USUAL OCCUPATION (Give kind af wark dane 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME none 13. FATHER'S NAME Moses J. McCormick Mary McGunnell IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service) Records: SPRING GROVE unkn own unknown 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: Myocardial Infarction, acute IMMEDIATE CAUSE (a) (b) Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate cause (a), DUF TO attending p as the priar tak stating the underlying cause () Arteriosclerosis. general ized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) none for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH af. (IF EITHER, NOTIFY MEDICAL EXAMINER)

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O FUNERAL DIRECTOR: After this certificate has O HOSPITAL OR ATTENDING PHYSICIAN: 'Page 4 may be retained by the hospital or detached be detached State Dept. o director, page shauld be filed

VR A15 (4)

Address HOSPITAL STATE INTERVAL BETWEEN Sudden WAS AUTOPSY PERFORMED? NO 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) factory, street, affice bldg., etc.) Not While at work at wark 1960, that (A) (we) last 19,40 to Sept. 17 21. I certify that (this haspital) attended the deceased from_ June 15 saw the deceased alive an ___ Sept. 17 19 66, and that death accurred at M, fram causes and an the date stated above DATE SIGNED MED **ATTENDING** M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS SPRING STATE HOSPITAL GROVE Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Rd . Balto . Md . Old Fred. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

IS RESIDENCE ON A FARM?

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23b. DATE THEREO!

20c. TIME OF INJURY Month, Day, Year

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12395 requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Maryland o. COUNTY Baltimore b. COUNTY ease remave carbon papers. Pages 1 and in any event, within 72 haurs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 1b Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Annacost Nursing Home 812 Regester Ave 4223 Ivanhoe Avenue YES NO X NAME OF Уеаг DECEASED OF DEATH September 14, Marie E. McDonough 19669 9. AGE (In years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Days White Female DIVORCED WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** Baltimone, Maryland
14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Frank Krempel Mary Fou 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) p Mr. John P. McDonough 4223 Ivanhoe Avenue burial, crematian, TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. signed by 332 X DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying cause as the lost. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 should be detached far use should be filed with the State Dept. af Health NO YES [TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory_street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from 100 b, 1966, to 14, 1966, that (I) (we) last saw the deceased alive an 1966, and that death occurred at 200 AM, from causes and on the date stated above. 4, 19 66 that (I) (we) last 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) Holy Redeemer Cemetery REMOOYAL (Specify) Baltimore, Maryland EGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John A. Moran Inc. 3000 E. Baltimore Street DATE SEP

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH r filled in by the funeral n papers. Pages 1 and 2 ithin 72 havrs after death. executed within 24 haurs after death death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY MARYLAND CLENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. outside corparote limits, write RURAL and give nearest town) write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 WILSON YES NO NAME OF DATE carban Lost p Year DECEASED OF DEATH 19 6 E event, (Type or print) 9. AGE (In years IF UNDER 1 IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH YFAR 7. MARRIED NEVER MARRIED clast birthdoy) Manths Doys Hours and in any WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & Stote, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificale be ease during most of warking life, even if retired) INDUSTRY physician Retirea timore. 13. FATHER'S NAME ā remayal attending phy permit. Then 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? McGinity 1927 Wilson Pt. (Yes, no, or unknown) (If yes give war ar dates of service) 136-03-1775 Mrs. Mary T. 0 burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit ARCINOMA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) p Page 4 may be retained by the haspital ar attending physician. DUF TO signed Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying cause certificate has been Health priar ta (c) far use as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO [YES 🗌 OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Caunty) After this Haur a.m. Not While factory, street, office bldg., etc.) that (I) (we) las 21. I certify that (1) (this haspital) attended the deceased fram 19 66 and that death accurred at/-M, fram causes and an the date stated above saw the deceased alive an 22a SIGNATURE MED. DIRECTOR STAFF ATTENDING 22d_ ADDRESS PHYSICIAN'S TO FUNERAL HOSL directar, pa should be f NAME (Type) COUNTY 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 23o. BURIAL, CREMATION Burial (Specify) Heaven emeter South Orange 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 SEP John A. Moran. Inc. 3000

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page Towson, Balto. = bon papers. within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? en YES NO 4 executed within carbon NAME OF First 4. DATE Day Middle Month Last Year DECEASED OF DEATH 1966 (Type or print) rat ward 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove last birthday) Months I in any WIDOWED [DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR The law requires that the death certificate be during most of working life, even if retired) INDUSTRY physi n plea 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary O'Rouke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) permi no cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), signed by thourist-transit and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). attending physician. been signed the burial-trainer to burial, c DUE TO Conditions, If any, which (b) rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. has CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate the hospital or ND T detached fo 2DA. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While After p.m. at work at work P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the M. from the causes and on the date stated above. 1966, and that death occurred at/ saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. page DIRECTOR M.D. PHYS. O HOSPITAL 22d. ADDRESS PHYSICIAN'S NAME (Type) FUNERAL director, p WINSTON IT WE. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 9/8/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Moreland Mem. Park Balte 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR iedefeld Home York Road. VR A.15 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after REATEN MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b by bon papers. Pag within 72 hours write RURAL and give nearest town) 므 days BALTIMORE MO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SHOR 80 YES NO etely executed within carbon NAME OF DECEASED Middle DATE Month 4. Year event, (Type or print) DEATH HENR 1966 етоме 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS last birthday) Months any Hours Can WIDOWED DIVORCEO 0 attending physician a ermit. Then please re on, or removal, and in a = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INOUSTRY during most of working life, even if retired) COUNTRY? BALTIMORE The law requires that the death certificate Nun ome SA. FATHER'S NAME MOTHER'S MAIOEN NAME IAMES MANN ned by the attend al-transit permit. 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Glen Burnie 216-16-1336 Mr. James McHenry (Husband) Nane CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that t Page 4 may be retained by the hospital or attending physician. been signed the transport to burial, cre **OUE TO** Conditions, If eny, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. LUTP has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T WAS AUTOPSY for use Health After this certificate had be detached for use e State Dept. of Health CERTIFICATI PERFORMEO? YES NO T 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) Hour a.m. factory, street, office bldg., etc.) While Not While 19 at work at work FUNERAL DIRECTOR: Afti director, page 3 should be should be filed with the St 21. I certify that (i) (this hospital) attended the deceased from 1966, 19 66, that (i) (we) last saw the deceased alive on_ and that death occurred at \$45 AM, from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO director, page should be filed v ATTENDING PHYS. STAFF M.D. OIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADORESS NAME (Type) LOCATION (City, town or county) BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (State) REMOVAL (Specify) 2 Cedar Hill Cemeterv Maryland 66 Buria] Brooklyn Park. 24. FUNERAL OIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Glen Burnie. VR AI5 (4) Richard V. Singleton Md. 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPAL . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore o. STATE b. COUNTY Poge 0 MARYLAND Md. Baltimore delay b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo 10 #yrs. write RURAL and give regrest frown) Lutherville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 119Dublin Dr. Office along with form Hours 119 Dublin Dr. Item 18. Give Poges NO # hours after death. NAME OF 4 DATE First Middle Lost Month Doy Year DECEASED within John J. Mc. Kenney DEATH 19 (Type or print) 9-17-66 9. AGE (In years S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Doys Hours WIDOWED DIVORCED Cauc. 6-23-1910 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Baltimore, Md.

14. MOTHER'S MAIDEN NAME d 'pending' in pencil in Chief Medicol Examiner's Wire Inspector
13. FATHER'S NAME Western Elect. U.S.A. pencil be executed within and Marion Mc Kenna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 9Dublin Dr. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) or removal, 212-03-5678 Patricia Ann Mc Kenney, Lutherville, Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: SONSET AND DEATH IMMEDIATE CAUSE (o) should the word cremation, DUE TO Conditions, if ony, which gove e, writing the forworded to t rise to immediate couse (o), DUE TO This certificote stoting the underlying couse SD burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 📑 NO certificote, 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) DIRECTOR: Poge ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . 5 Inquiry and in my apinian death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 5 may be TO FUNERAL Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles F. U'Donnell, M.D. Address (Street, city, town, or county) NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) 0 PENOVAL (Specify) 9-20-66 Parkwood Parkville, Md. ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66 Wm. Cook-Brooks Towson, Towson, Md. 1866

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12400 CERTIFICATE OF DEATH within 24 hours after death by the attending physicion and campletely filled in by the funeral tronsit permit. Then please remove corbon papers. Pages 1 and cremation, or removal, and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. STATE a. COUNTY Baltimore Baltimore Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 35yrllmthldy Fort Howard, Maryland Catonsville e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) SPRING GROVE STATE HOSPITAL YES NO none 4. DATE Manth Day Year 3. NAME OF First Middle Last DECEASED OF 19 66 18, Elizabeth Merkle DEATH (Type ar print) executed IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs Nov. 18, 1891 white WIDOWED K DIVORCED female 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR PHYSICIAN: The low requires that the death certificate be U.S. during mast af warking life, even if retired) **INDUSTRY** Housewife Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Louis Aspelmeier Maggie Hoffman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address SPRING unknown unknown Records: HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physician. DUE TO MALIGNAMEII burial. Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health priar to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE DF INJURY (Hame, farm, (City or town) (Caunty) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark at wark Oct. 15 195, 1966 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 19 30 to SEP 19 19 19 19 and that death accurred at 2-2012 M, fram causes and an the date stated abave. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. STATE HOSPITAL SPRING GROVE 22d. ADDRESS 22c. PHYSICIAN'S KOTSLE NAME (Type) Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Oak Lawn Cemeterv Baltimore. Co. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D 8Y REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charley

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12401 CERTIFICATI	E OF DEATH	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived If with think R	esidence before admission
Baltimore County MARYLAND	a STATE - h COUNTY	16 inery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
Mount Wilson 10 days	SILVER SPRIN	V G 15-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Mount Wilson State Hospital	13712 ShERWOOD FOREST	ON A FARM? YES NO NO
3. NAME OF DECEASEO (Type or print) JOHN P MIddle	Last 4. DATE Month OF DEATH Q	Day Year, 3 19 6 6
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8	8. DATE DE BIRTH 1884 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS
MALE WHITE WIDDWED'S DIVORCED	7/2/18/2 8/482yrs. Months	Days Hours Min.
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN DF WHAT
JALESMAN	NEW YORK I	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM MERTENS	HGNES WATT	15
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
	cords, Mt. Wilson State Hos	pital
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	nephritis	ONSET AND DEATH
609 X DUE TO		
Cenditions, If any, which gave rise to immediate (b)	enfection	
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
E Pulmonary Tuber wlosin		YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PURPORANT Tuber unlessed. 20a. ACCIDENT WAS UNDERLYND TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE DF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 20d. INJURY OCCURRED 20d.	ry, street, office bldg., etc.)	
21. I certify that (f) (this hospital) attended the deceased from	6/23 , 1966, to 9/3 , 196	6, that (f) (we) las
saw the deceased alive on 9/2 1966, and that	death occurred at 3 M, from the causes and on the	
22a. SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
22c PHYSICIAN'S M.D.	D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	13/60
Wm. Newcomer, M.D., Superintendent	Mount Wilson, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY		nty) / (State)
BIRDVAL (Specify) P-7-16 KNSICO C	mereny Val Halla	NU
24. FUNERAL DIRECTOR ADDRESS	25a REC'D BY REGISTRAR 25b. REGISTRAR'S	SSIGNATURE
WW ChAMBERS CO FWC. SIWERSP.	2119 DATE SEP 8 1966 Action	res Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Baltimore a. STATE b. COUNTY Baltimore nding physician and completely filled in by the form blease remove carbon papers. Pages 1 removal, and in any event, within 72 hours after Md MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours Middle River life Middle River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2/290 Bird River Road Bird River Road No X YES executed within 3. NAME OF DECEASED First Middle Last 4. DATE Month Year (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | last buthday) | Months | Days DATE OF BIRTH 7. MARRIED 8. 9. NEVER MARRIED IF UNDER 24 HRS Hours 7-37-7972 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? .S.A. Martins Baltimore Co. Md. Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Messenger Mary Eurice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT Address #20 this certificate has been signed by the atten letached for use as the burial-transit permit. 9 Dept. of Health prior to burial, cremation, or death Mrs Ratharine Messenger 212-07-7115 Bird River Road 18. CAUSE OF DEATH [Enter only one cause-per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate the r DUE TO (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use it WAS AUTOPSY 19. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 120e, PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After Not While OR ATTENDING p.m. at work at work 3 should I with the S 21. I certify that (I) (this hospital) attended the deceased from 1966 TO FUNERAL DIRECTOR: saw the deceased alive on... and that death occurred at Tem. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v ATTENDING PHYS. M.D. DIRECTOR PHYS. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23a. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Air Memorial Cemetery 9-6-1966 Bel burial FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. VR A15 (4) 1966 DATE 15M 4-64

1. 6

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 death 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Woodbrook 1 Year. Woodbrook d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 32 Over Ridge Ct. 32 Over Ridge Ct. YES NO within 3. NAME OF First Middle 4. DATE Month Don Doy Year DECEASED September 4 Carl Franklin Michael (Type or print) DEATH 1966 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH x remave lost birthdoy Months Doys Hours and in any WIDOWED DIVORCED June 26, 1896 Male White and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be COUNTRY? please during most of working life, even if retired) INDUSTRY U.S.A. Retired Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles F. Michael Ella Dixon 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Yes WW I Mrs. Doris H. Michael 32 Over Ridge Ct. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (cx) burial-transit burial, cremat ONSET_AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DIRECTOR: After this certificate by the haspital or jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work nt work 1966that (1) (we) last 21. I certify that (1) (this haspital) oftended the deceased from. P.M. from couses and on the date stated above. 1966, and that death occurred of saw the deceased alive on 224. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) BALTO 21202 1116 PAUL 17. directar, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 9/6/66 Lorriane Park Cemetery Baltimore, Mary land 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Wm. Cook-Brooks Towson Inc. 1050 York Rd. 21204 DATE 2 20 M 1/66

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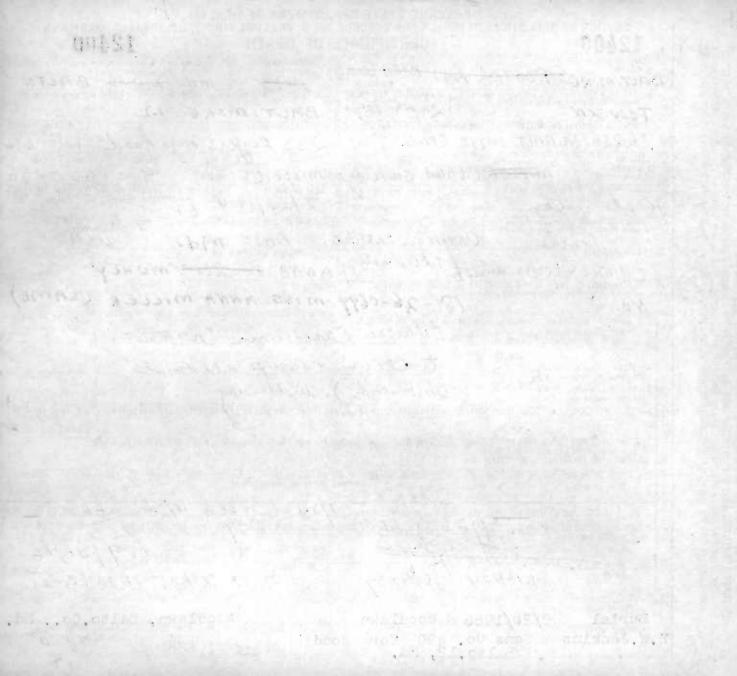
	1 2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1000	E TOLEN	12404 CERTIFICATE OF DEATH NO. 12398
	by the funeral Pages 1 and 2 urs after death.	1. PLACE DF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
	after the fges 1 after	TOWSONS MIC (GBMC) MARYLAND Wary Lau A Baltinont
	by t Page Page IIS a	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CATY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	ات . ت اک تا رو	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	fille pape appe	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) GREATER BALTIMORE MEDICAL Center. Chapter / FIRM FF. 137 East Ave. e. Is RESIDENCE ON A FARM? ON A FARM? YES NO 2
	executed within and completely remove carbon prompt any event, with	Confort III
	i wi nple carb ent,	(Type or print) THELMA M. MICHAEL DEATH SEPTEMBER 28 1966
	ove y eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS Iast birthday) Months Days Hours Min.
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	be ician ase	during most of working life, even if retired) INDUSTRY BOLT MARE MA. COUNTRY?
	phys please	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	ing I Then Then I Then	GEORGE WELZ. (D) SANDS
	h ce tend iit. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. Michael 137 S. East Avenue) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. Michael 137 S. East Avenue)
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	aw requires that the death certificate tending physician. Has been signed by the attending physis as the burial-transit permit. Then plean prior to burial, cremation, or removal, as	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	hat iciam led het letrar	IMMEDIATE CAUSE (a)
	v requires that the anding physician. s been signed by s the burial-transition to burial, creming	(conditions, If any, which) DUE TO Marsine Pulmonay untilis 2 hrs.
	ing ling leen he b	gave rise to immediate cause (a), stating the DUE TO
	law requi	Underlying cause last.) (c) LUVC VUVC FEATURE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	(1)	PERFORMED?
	ospital or a certificate hed for use to of Health	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	cert cert ched ot. of	
	PHYSICIAN the hospit this certi detached f e Dept. of	ZDc. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 2De. PLACE OF INJURY (Home, farm, Factory, street, office bldg., etc.) 2Df. (City or town) (County) (State) 4 4 4 4 4 4 4 4 4
	After d be d be d be d be d be d	Hour a.m. While Not While p.m. 19 at work at work
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	ATTEND retained ECTOR: / 3 should with the	saw the deceased alive on 9/28/6 19 , and that death occurred at 4.7 M, from the causes and on the date stated above
	OR DIRE Be 3 led v	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
	may RAL r, pa	22c/ PHYSICIAN'S 22d. ADDRESS
	O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page should be filed	JOHN M. PARESE M. TOJ. CONKLING. SI
	TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a. (BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BREMOVAL (Specify) 10/3/1966 Oak Lawn Cemetary Relations (State)
	.0	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR AI5 (4)	John A. Moran Inc. 3000 E. Baltimore Street DATE OCT 3 1986 John Survey
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. death and PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Baltimone a. STATE b. COUNTY Pages 1 urs after timore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Š hours write RURAL and glyq nearest town treeland 1.U. Freeland P.O. Rural 三 bon papers. within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 DN A FARM? Walker and Valley Mill Roads Walker and allen YES ND executed within completely carbon NAME DF DECEASED First Middle DATE Day (Type or print) Bertha zabeth Michaelis DEATH September SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED emove NEVER MARRIED Bud any remale WIDOWED & DIVORCED anuaru 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR INDUSTRY 12. CITIZEN DE WHAT 11. BIRT HPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? Houseum Le attending physic ermit. Then ples Home hazuland law requires that the death certificate 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME removal William Smith the attend it permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) cremation, None None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ial-transit DNSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) burial, **DUE TO** Conditions, If any, which (b) been gave rise to Immediate the DUE TO cause (a), stating the prior underlying cause last. FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as nould be filed with the State Dept. of Health pric (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? CERTIFICATI YES NO To 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 196.3 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 11 P. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING ter PHYS. DIRECTOR PHYSICIAN'S 22d. ADDRESS 22c. director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAY (Specify) 2 Parkwood ADDRESS 25b. **FUNERAL DIRECTOR** REC'D BY REGISTRAR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY the f Pages 1 urs after BALTIMORG BALTO. MARYLAND b. CITY OR TOWN (if outside corporate limits. filled in by papers. Page c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours 2 hortes 20120 OWSON BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS within 72 ON A FARM? ERZATEN BALT MAD YES NO L within completely carbon 3. NAME DE DATE First Middle . Last Month Day Year DECFASED event, EMILIZ-MILLEN (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE remove n any eve 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Hours and WIDOWED DIVORCED attending physician a ermit. Then please re S 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? ARNEGIN ZNShtul death certificate 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME MUHL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. been signed by the atter the burial-transit permit, it to burial, cremation of (Yes, no, or unkown) | (If yes give war or dates of service) (SAM MILL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH arian PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO ausino Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hithed for use of Health p PERFORMED? YES NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) this certification of the detached for the Dept. of the dept. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) det e D factory, street, office bldg., etc.) Hour a.m. While After Not While OR ATTENDING be retained by at work at work p.m 0 21. I certify that (I) (this hospital) attended the deceased from 19 TO FUNERAL DIRECTOR: director, page 3 should should be filed with the and that death occurred at 5.49M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF DIRECTOR Page 4 may 1 PHYS. PHYSICIAN'S ADDRESS 22c. 22d. NAME (Type) CHRAG 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Buria] Woodlawn Woodlawn **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b. York Road .Jenkins Sons 4905 Co VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12407 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) LTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)

BALTO, COUNTY HOSPITAL d. STREET ADDRESS 1240 NEWFIELD 3. NAME OF VILLE DECEASED (Type or print) AGE (In veors IF UNDER 24 HRS NEVER MARRIED last birthdoy) Manths WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes af service) VERNON E. MILIER 3312 EL MORA 18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ANTERIOS CLEVOTIC HEART Disease DUF TO > MOS Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying couse WAS AUTOPS) PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Theomosis NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar tawn) (Caunty) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While . 196 6 ta . 19 . that (1) (we) las 21. I certify that (1) (this haspital) attended the deceased fram.... 19 66, and that death accurred at 2:40PM, fram causes and an the date stated above saw the deceased alive an. 22a. SIGNATURE DIRECTOR M.D. 22d. ADDRESS . COUNTY HOIP. 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (Caunty) (State) 23o. BURIAL, CREMATION, Burial Balto. Md. 10-1-66 Lorraine Park 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR H.W. Jenkins & Sons Co. 4905 York Rd., Balton SEP

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12408 1241i2 CERTIFICATE OF DEATH within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE MARYLAND b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) FORT HOWARD BALTIMORE 91 DAYS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) 426 DENISON STREET VETERANS ADMINISTRATION HOSPITAT. NO X 3. NAME OF Middle 4. DATE Month Lost Year OECEASED 66 MITCHETL SEPTEMBER 2 NATHANIEL. HAWTHORNE 19 DEATH (Type ar print) requires that the death certificate be executed 9. AGE (In years YEAR S. SEX 6. COLOR OR RACE 8. OATE OF BIRTH IF UNDER IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** last birthday) Manths Hours NOVEMBER 2. 1910 MALE NEGRO WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) during mast af working life, even if retired) INOUSTRY MECKLINBURG CO., VIRGINIA U.S.A. ELECTRONICS MECHANIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, CLARA SMITH JAMES MITCHELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates af service) 216 05 4820 CLIN. REC., VAH, FT. HOWARD, MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p RECUSETION DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) 4 may be retained by the haspital ar attending physician. PULMONARY ABSCESSES MULTIPLE RECENT DUSTIO Conditions, if any, which gave rise to immediate cause (a), CARCINOMA ESOPHAGUS WITH INVASION OF TRACHEA UNKNOWN stating the underlying couse this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? COLONIC BYPASS, ESOPHAGUS, OLD YES A NO 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur o.m. Nat While at wark at wark 209 66, to Sept. 2, 19 66that (N (we) last 21. I certify that (*) (this haspital) attended the deceased from June 3 a. M, from couses and on the date stated above. sow the deceased olive an_ O FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** 9/2/66 M.D. 22d. AODRESS 22c. PHYSICIAN'S VET. ADM. HOSP. FT. HOWARD, MD. GEORGE DUDAS, M. D. NAME (Type) directar, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND 2Sb. REGISTRAR'S SIGNATURE FLIMERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 802 Madison Ave. Baltimore,

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funera and USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. CDUNTY b. COUNTY after MARYLAND Pages b. CITY OR TDWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours a à write RURAL and give nearest town d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE 24 ON A FARM? BALTU ND C YES executed within completely pou. NAME DE First Middle Last DATE Month Rosetta Day Year DECEASED DF event. (Type or print) MARY car DEATH 19 66 SEX 6. COLOR OR RACE DATE OF BIRTH and cor AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND DF BUSINESS OR 11_BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME MDTHER'S MAIDEN NAME attending remit. Ther remov 16. SOCIAL SECURITY NO. 17. INFORMANT Address Balt.Md.21234 has been signed by the atten as the burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) 052-20-80741 Miss Eleanor Mitten 6603 D Glenbrook Gt 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **TO HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. NOI PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health certificate PERFORMED? CERTIFICAT LUKA YES 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DIRECTOR: After this certing 3 should be detached led with the State Dept. of MEDICAL 20d. INJURY DCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 8.10 AM, from the causes and on the date stated above. 1966 saw the deceased alive on 22a. SIGNATURE DATE SIGNED ATTENDING MED. DIRECTOR M.D. Fig FUNERAL 22C. PHYSICIAN'S **ADDRESS** TO FUNERAL director, p 22d. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Sept. 12,1966 Oakwood Cemetery Syracuse, New York Wm. Cook-Brooks Towson ADDRESS York Road 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1050 DATE S 1986 VR A15 (4) Towson, Maryland 21204 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH death. funeral and PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after ges 1 after MARYLAND oon papers. Pages within 72 hours aft b. CITY OR TOWN (If outside corporate lipits)
write BURAL and give nearest town) c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b by hours JIMORE = NURA IMORE filled d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 3026 ND DA YES executed within completely pou NAME OF First Middle Last 4. DATE Month Day Year DECEASED event, Car (Type or print) Sept DEATH 1966 01 5. SEX 6. COLOR OR RACE and cor AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) Months I Davs Hours any WIDOWED 3 DIVORCED A e attending physician a ermit. Then please re on, or removal, and in Ξ 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRJHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? USEWIFE 13. FATHER'S NAME MOTHER'S MAIDEN NAMI YON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) cremation, KNOWN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] 18. INTERVAL BETWEEN that "ne al-transit ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ? Page 4 may be retained by the hospital or attending physician. Cachexia been s. Ve buria. buria B DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. J FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. PERFORMED? YES NO V 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Aug 19. 1966. that (I) (we) last and that death occurred at 90 saw the deceased alive on 19 66. M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING PHYS. MED. DIRECTOR M.D. PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. (State) REMOVAL (Soecify) REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Maryland Burial FUNERAL DIRECTOR 25a. 66 1901-07 Eastern Avenue VR AI5 (4) Lilly & Zeiler Inc. 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and PLACE OF DEATH o. COUNTY Baltimore STATE b. COUNTY Maryland MARYLAND lease remave carbon papers. Pages I and in any event, within 72 haurs after c. LENGTH DF STAY IN 1b b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) 13-1 Baltimore 21234 Towson e. IS RESIDENCE DN A FARM? d. STREET ADDRESS d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) 3105 Parktowne Rd. St. Joseph Hospital YES NO DO 3. NAME OF Middle 4. DATE Year First completely DECEASED 1966 G Moore, Jr. September Joseph DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years DATE OF BIRTH S. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED last bighday) Months Hours White May 12 1910 Male WIDOWED DIVORCED and 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT 10o. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR during most of working life, even if retired) COUNTRY? INDUSTRY Maryland attending physician permit. Then please Auto Mechanic 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar removal, Moore aura 16. SOCIAL SECURITY ND 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) (If yes give war or dotes of service) ame INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: DNSET AND DEATH burial-transit Myocardial infarction IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital or attending physician. DUF TO Thrombosis right coronary artery Conditions, if any, which gave (b) rise to immediate couse (o), DIJE TO stating the underlying cause with the State Dept. af Health prior ta has been far use as the Arteriosclerosis, generalized, severe. WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X ND O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NDTIFY MEDICAL EXAMINER) 20e. PLACE DF INJURY (Home, farm, (Stote) (City or town) (County) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (this hospital) attended the deceased from_ 1966, that (We) last 1966 19 66, and that death accurred at 10:10M, fram causes and an the date stated above. saw the deceased alive on 9/29/ 22b. DATE SIGNED 22a. SIGNATURE ask allen MED. DIRECTOR **ATTENDING** STAFF PHYS. 9/29/66 M.D. director, page 3 shauld be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S M.S. Cockburn, M.D. 7620 York Rd. Baltimore, Md. 21204 NAME (Type 23d. LDCATIDN (City or Town) (State) (County) 23b. DATE THEREDF 23c. NAME DF CEMETERY DR CREMATDRY 23o. BURIAL, CREMATIDN, REMOVAL (Specify) Baltimore. taith yardens of 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Milianles & Ruck Inc. Balto. Md. 21214 VR A15 (4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) director. Page or your files. oard of Health, a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerast town) write RURAL and give necrest town) Pikesville Pikesville Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? fained YES NO 7009 Plymouth Road State 7009 Plymouth Road 3. NAME OF Middle Month Year DECEASED OF 9 12 (Type or print) ALYS EISEMAN MOOS DEATH 66 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. land 2 with 72 hours of lest birthdey) Months May 12, 1920 White Female WIDOWED DIVORCED X VIS. should be executed within 24 hours after of "in pencil in Item 18. Give Pages 1, 2, an 's Office along with form PM3. Page 5 m a burial-transit permit. File pages 1 and 2 emoval, and in any event within 72 hour 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) At Hame Baltimore, Maryland USA Housewife 13. FATHER'S NAME Bernice Kaufman Millard Eiseman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Robert Conrad. Attorney, Equitable Bldg. Unknown 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] ONSET AND DEATH Overdose of Barbiturates and chloralhydrate IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) "pending" gave rise to immediate cause ro. DUE TO (e), steting the underlying 38 cremation, or PART #. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ertificate, writing the word ded to the Chief Medical ECTOR: Page 3 should be NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Took overdose bur the Cir. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While Hour aum Pikesville Baltimore Md. 9/12 1966 Home at work at work X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion lease execute entitic should be forwarded to PUNERAL DIRECTO Suicide X Natural causes Accident Homicide Undetermined manner death resulted from:/ CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 9/13/66 Rudiger Breitenecker DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 22c. NAME OF CEMETER OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF (Stete) 22d. LOCATION (City, lown, or country) REMOVAL (Specify) ₫40 g Baltimore Hebrew Maruland Burial Baltimore 24b. REGISTRAR'S SIGNATURE 24e. REC'D BY REGISTRAR | 23. FUNERAL DIRECTOR VS. AISME Levinson & Bros. Inc. 6010 Reisterstown Rd. DATE S 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission attending physician and completely filled in by the funeral permit. Then please reflects and PLACE OF DEATH o. COUNTY Baltimore, Martiand Baltimore papers. Pages 1 of thin 72 haurs after of MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Bal timore 7 DAYS Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 4207 Anntana Ave., 21206 St. Joseph Hospital YES NO X NAME OF Middle 4. DATE Franklin 1966 DECEASED Sept. 5, Morris Peter DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH S. SEX 7. MARRIED NEVER MARRIED lost birthdoy) Doys Hours 5-14-90 White Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Montgomery-Ward and Baltimore, Md. RETIRED DECORATOR 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. A 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, ng, or unknown) (If yes give wor or dotes of service) 215-09-8550 MRS, NELLIE B. MORRIS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Bilateral suppurative broncho-pneumonia the haspital or attending physician. DUE TO Carcinoma of stomach with multiple metastases Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use (YES XX NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) 21. I certify that *(This hospital) attended the deceased fram August 29, 1966, to Sept. 5, 1966, that *(1) (we) last saw the deceased alive on Sept. 5, 1966, and that death occurred at 1:25 M, from causes and an the date stated above. saw the deceased alive on Sept. 5. 22b. DATE SIGNED 22o. SIGNATURE MED.
DIRECTOR STAFF PHYS. ATTENDING Sept. 6, 1966 M.D. 7620 York Road, 21204 22c. PHYSICIAN'S NAME (Type) Lawrence F. Misanik, M.D. directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) PARKWOOD BEMETERY TAYLOR AUE BALTO, MY. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Marley VR A15 (4) 20 M 1/66 Rd. DATE SEP

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12415 CERTIFICATE OF DEATH by the funeral .. Pages 1 and 2 naurs after death, requires that the death certificate be executed within 24 haurs after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Balto. MARYLAND b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest tawn) Baltimore Lutherville, 21093 the attending physician and campletely filled in sit permit. Then please remave carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC within 72 h ON A FARM St. Josephs Hospital 1215 York YES NO 5 oad 3. NAME OF Middle DATE Month Lost Year DECEASED (Type or print) DEATH Maud Moss AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthdoy) Months Hours June 17.1880 X WIDOWED DIVORCED and in any White Female 10o. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) 13. FATHER'S NAME remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, orunknown) (If yes give war or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Pneumonia DUE TO signed t Conditions, if ony, which gove Cerebro-vascular thrombostis rise to immediate couse (o), DUE TO stoting the underlying couse attending as the priar ta this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health NO be retained by the haspital ar for 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. While Not While ot work ot work TO FUNERAL DIRECTOR: After 19 66 to Sept. 7. 1966, that (I) (we) last 21. I certify that (1) (this haspital) ottended the deceosed from. Sept. Sept. 7. 19 66, and that death occurred a 9.35PM, from causes and an the date stated above. saw the deceased alive on_ 22o. SIGNATURE M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Road NAME (Type) Vicente P. Ang directar, 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) DATE THEREOF BURIAL, CREMATION REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24 FUNDRAL DIRECTOR 2So. REC'D BY REGISTRAD VR A15 (4) 20 M 1/66 1966

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Baltimore b. COUNTY after by the Pages 1 MARYLAND CITY DR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) oon papers. Pag within 72 hours HEAVILLE THERVILLE = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? GREATER Baltimore Medical Center 24 ROMOWAY YES NO completely carbon Middle DATE Month Day Year DECEASED Mow bray (Type or print) MUSGrove SEPTEMBER DEATH 16 19 66 remove 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months | MALE Days Hours 1 WIDOWED 76 DIVORCED Information and in removal and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR Ξ 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) INDUSTRY CQUNTRY? TIRED JELF .5.11 MEK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MUSGROUF 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attendit permit. 16. SDCIAL SECURITY ND. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation, CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit INTERVAL BETWEEN signed by ONSET AND DEATH INFARETIER PART I. DEATH WAS CAUSED BY: NG PHYSICIAN: The law requires that to by the hospital or attending physician. MSSILE-MYDEARIAL IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) peen gave rise to immediate the DUE TO cause (a), stating the prior underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? NO F YES 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work O HOSPITAL OR ATTENDIP Page 4 may be retained 21. I certify that (1) (this hospital) attended the deceased from SEP7. 12 1966 to JEP7 and that death occurred at 330 M. from the causes and on the date stated above. saw the deceased alive on SEP 22a. SIGNANURI DATE SIGNED 22b. ATTENDING PHYS. STAFF DIRECTOR PHYS. 22c. PHYSIC AN'S ADDRESS BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) FUNERAL DIRECTOR 24. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A.15 (4) 20M 1/65

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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
11		12418 CERTIFICATE OF DEATH 15	1112
deat	1.	PLACE DF DEATH a. CDUNTY a. STATE b. CDUNTY	Residence before admission
C	_	DHLTHORE, MARYLAND MARYLAND, BALTA	
/		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) BALTIMORE. C. LENGTH OF STAY IN 1b C. CITY OR TDWN (if outside corporate limits, write RURAL STAY IN 1b) BALTIMORE.	L and give nearest town
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
6		EREATER BALTIMORE MEDICAL CENTER 2909 FALLSTAFF ROAD	DN A FARM?
	3.	NAME DF FIRST Middle Last 4. DATE Month DECEASED (Type or print) BABY GIRL NE GRETE DEATH REPTEMBER	Day Year
	5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years IF UNDE	R 1 YEAR IT UNDER 24 HR
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	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	usa -
	10.	DR. DANIEL NEGRETE CAROLYN PRISCILLA NEGRET.	= (Mosph)
	15.	WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address , no, or unknown) (If yes give war or dates of service)	-1,100€1
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		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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		Conditions, If any, which gave rise to immediate (b)	
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	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTDPSY PERFORMED?
	ICA		YES NO
	CERTIFICAT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1. OF EITHER, NOTIFY MEDICAL EXAMINER)	8.)
	MEDICAL	factory street office bldg etc.)	ounty) (State)
	MED	Hour a.m. p.m. 19 While Not While lat work la	
			, that (I) (we) las
		saw the deceased alive on 9/2 19 66, and that death occurred at 220M, from the causes and on 22a, SIGNATURE	the date stated above
		Margaret E. Laur, MD M.D. ATTENDING MED. STAFF PHYS.	9/2/66
		22c. PHYSICIAN; 2	
		MARCARET E. CANC, MD VOANS HEREINS HOSPITACI SA	
	23a	BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or concerning the control of	ounty) (State)
	24	FUNERAL DIRECTOR ADDRESS . 25a. REC'D BY REGISTRAR 25b. REGISTRAL	R'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Page Baltimore p New York af. death. MARYLAND partment b. CITY OR TOWN (If autside corparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) P.M3. write RURAL and give neorest tawn) after Brooklyn Perry Hall d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? De Office alang with farm hours 2914 West 15th Street 9545 Belair Road Item 18. Give Pages ate YES NO haurs after death. 3. NAME OF First Middle Last 4. DATE Manth Year DECEASED LESTER NELSON 19 66 within September 8 (Type or pnnt) DEATH S SFX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH IF UNDER 24 HRS birthday) Manths Days Male White WIDOWED DIVORCED October 2 2 event 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most af working life, even if retired) COUNTRY? INDUSTRY New York, New York
14. MOTHER'S MAIDEN NAME dny Highway Employee

13. FATHER'S NAME Dept. of Highway USA be executed within = Rose Frieberg File and Harry Nelson .= 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Brooklyn, New York (Yes, na, ar unknown) (If yes give wor ar dotes af service remayal. Riverside Memorial Chapel, One Ocean Pkwy W.W. 11 Yes CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit PART 1. DEATH WAS CAUSED BY. ONSET AND DEATH Arteriosclerotic Cardiovascular Disease. 5 This certificate shauld writing the word crematian, DUE TO Canditions, if ony, which gave rise ta immediate cause (a) farwarded to DUE TO stating the underlying couse 0 OS burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate, NO TX agent, priar ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY I ar CONTRIBUTING I **EXAMINER:** CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldq., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page ot work please execute designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry [and in my opinion funeral directar. death resulted from: Natural causes 🔀 Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ell ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 may be TO FUNERAL Health ar i necessary, DEPUTY MEDICAL EXAMINER 9/8/66 **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) Address (Street, city, tawn, ar caunty) the 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) Farmingdale Lov REMOVAL (Specify) Long Island. Burial 9/13/66 Long Island National 25a. 2Sb. 1956 24. FUNERAL DIRECTOR VR A15ME (5) BOL LEVINSON & BROS. INC. 6010 REISTERSTOWN 6M 1/66

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• . 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
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executed within and completely remove carbon any event, with	3. NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) Emma F. Nicolaus DEATH Sept. 25, 190	Day Year
xecuted and com emove (5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IT UNDER 1)	YEAR IF UNDER 24 HRS. Pays Hours Min.
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leath e atte ermil	(Yes, no, or unknown) (If yes give war or dates of service) 220-54-5528 Helen Lillian Nicolaus -6505 Lock	Hill (t.
PHYSICIAN: The law requires that the death certificate the hospital or attending physician. This certificate has been signed by the attending physicatehed for use as the burial-transit permit. Then ple Dept. of Health prior to burial, cremation, or removal, a	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: Output Outpu	INTERVAL BETWEEN ONSET AND DEATH
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	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED At Morry 19 Not While at work at work at work 19 at	ty) (State)
	21. I certify that (I) (this hoppital) attended the deceased from Jeph 24, 1966, to Jeph 21, 1966	, that (I) (wo) last
OR ATTENDI or ATTENDI birecrops: A ge 3 should led with the	saw the deceased alive on 1966, and that death occurred at 7.13 M, from the causes and on the 22a. SINNATURE 22b. DAT	e date stated above. TE SIGNED
7 2 8 5	M.D. ATTENOING MED. STAFF DIRECTOR STAFF PHYS. STAFF	26/66
TO HOSPITAL OR Page 4 may be TO FUNERAL DIRE director, page 3 should be filed v	22c. PHYSICIAN'S NAME (Type) LAURENCE C. Post 22d. ADDRESS 650 1 - York Rd.	
Page 10 FUN direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	
8	24. FUNERAL OIRECTOR BALTO. ADDRESS Park Mauso Ley MREC'D BY REGISTRAR 25b. REGISTRAR'S	Md . SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12421 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. State Maryland COUNTY Baltimore Baltimore MARYLAND van papers. Pages 1 within 72 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Darleigh Manor Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET AD L. 4200 Darleigh Rd. St. Joseph's Hospital YES NOT 3. NAME OF 4. DATE Middle Lost Month Dov Year DECEASED OF DEATH P. September 1966 Inez Norman (Type or print) IF UNDER 1 YEAR 8. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Months Doys Hours Feb. 12,1899 Female White WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Clark Purvis Sarah 16. SOCIAL SECURITY NO. 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 20-09-5893 Mr. George G. Norris same address 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Massive pulmonary embolism IMMEDIATE CAUSE (o) .. DUF TO burial, Conditions, if ony, which gove (b) rise to immediate couse (o). DUF TO stoting the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been should be detached far use as the with the State Dept. af Health priar ta lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO YES T 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) of work of work 21. I certify the XXX (this haspital) attended the deceased fram August 29 , 1966 , to September 1966, that (I) (we) last saw the deceased alive on September 1,1966, and that death accurred at 1120 M, fram causes and an the date stated abave. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING September 1,1966 M.D. director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS Manuel S. Cockburn. M. D. St. Joseph's Hospital. 7620 York Rd. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 9/6/1966 Baltimore National Cemety. Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) DATE SEP 1966

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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ate be exercian and co	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU		11. BIRTHPLACE (County & Stote, or foreign country) North Carolina 12. CITIZEN OF WHAT COUNTRY?
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low requires that the death certificate be executed within 24 hours after death nding physician. been signed by the attending physician and campletely filled in by the funeral s the burial-transit permit. Then please remave carban papers. Pages fond 2 iar to burial, crematian, or removal, and in any event, within 72 hours after death.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), of		1 INTERVAL BETWEEN
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		21. I certify that (4) (this haspital) attended the saw the deceased olive on Sept. 20	deceased from_J	July 27, 1965, to Sept. 20 66 that (N) (we) last the death accurred at M, from couses and on the date stated above.
ш ≤		220. SIGNATURE Stella Machy		ATTENDING DIPPETOR PHYS 9-21-66
		22c. PHYSICIAN'S NAME (Type) Stella Wachsler,	M.D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228
TO HOSPITAL Poge 4 may k TO FUNERAL D director, pag should be file		REMOVAL (Specify)	ARD CHAPET.	CREMATORY 23d. LOCATION (City or Town) (County) (State) METHODIST CHURCH CEN. MARYLAND
VR A15 (4) 20 M 1/66		IRTAL 19-24-66 HOW	ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death, 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after Baltimore MARYLAND Maryland Baltimore CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21204 Balthomorex Towson d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled papers in 72 24 27 Dunvale Rd. NOX St. Joseph Hospital bon p etely NAME DE Month Year First Middle Last DATE Day DECEASED Lewis Oakes (Type or print) DEATH September 19 66 5. SEX 6. COLOR OR RACE 8. DATE OF BURTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS any eve 7. MARRIED T NEVER MARRIED last birthday) Months I Davs Hours and 192 10/1 Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT physician an please re 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHILACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? death certificate be New York Supervisor C&P Telephone Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Oakes Florence Henry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. 9 (Yes, no, or unkown) | (If yes give war or dates of service) Yes WWI 212-05-0964 Mrs. Jane G. cremation, Oakes Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) burial-burial, DUE TO Conditions, If any, which (b) gave rise to immediate r the DUF TO cause (a), stating the prior underlying cause last, (c) 38 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION for use Health PERFORMED? certificate NO TO YES the hospital PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 50 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) hed CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work be retained 19_66, to. 19_66. that (X (we) last 21. I certify that \(\mathbb{M} \) (this hospital) attended the deceased from. 9/22 should DIRECTOR: age 3 should led with the and that death occurred a 9:30 M, from the causes and on the date stated above. 19.66 saw the deceased alive on 22b. DATE SIGNED SIGNATURE 22a. ATTENDING MED. filed DIRECTOR PHYS. M.D PHYS. Da 22d. ADDRESS FUNERAL PHYSICIAN'S director, p NAME (Type) Teodulo Pagliauan, Jr. 7620 York Rd. Baltimore Md. 21204 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Baltimore County Woodlawn Burial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 49 Road VR AI5 (4) Ba to DATE -

		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 12424 CERTIFICATE OF DEATH 124	RYLAN	ND
		PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where decessed lived, If institution, Response by County Maryland		/
		b. CITY OR TOWN (if outside corporate limits, write RURAL end write RURAL end give neerest town) C. CITY OR TOWN (If outside corporate limits, write RURAL end Baltimore	30 -	4
10		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Stella Maris Hospice, Inc 5628 Loch Raven Blvd.	YES	S NO
		1.04.000	Dey 2	19 66.
		F. W. WIDOWED DIVORCED 4/28/85 81 yrs.	eys Ho	UNDER 24 HRS
	do	Saleslady Retail Store Georgia FATHER'S NAME Retail Store	USA	
	15. (Ye	Philip Alfred Danforth Was Deceased Ever In U.S. ARMED FORCES? No or unknown) (Ifyesgive werordetes of service) No 212-09-9073 Thomas R. O'Brien, 1442 Meridene 18. Cause of Death [Enter only one ceuse per line for (e), (b), end (c).]	INTERVA	Balto
	z	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(e) 19. W	/AS AUTOPS
0	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	YES	PERFORMED?
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		21. I certify that (I) (this hospital) attended the deceased from 5/16/56, 19, to 9/2/66, 19, saw the deceased alixe on 8/30/66, 19, and that death occured 9.1.3 AM, from the causes and on the	, that ie date :	stated abo
		220. SIGNATURE Robert P. Nerhouse D. M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D		22b. DAT
1		22c. PHYSICIAN'S NAME (Type) Robert J. Mahon, M.D. 22d. ADDRESS 204 E. Joppa Rd., Towson,		21204 (State)
0	6	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country) PRINCE ADDRESS 125B. REC'D BY REGISTRAR 25b. REGISTRAR'S S		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12425 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY a. STATE Baltimore Maryland MARYLAND and in any event, within 72 haurs after filled in by the fr n papers. Pages b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Baltimore IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 3156 Remington Ave. 21211 NO YES St. Joseph Hospital 3. NAME OF Middle 4. DATE Year rsician and completely f please remave carban OF September 19 66 DECEASED PALMER Henry (Type ar print) 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE S. SEX 7. MARRIED **NEVER MARRIED** Jast birthday) Days Haurs 12/6/88 white male WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast af warking life, even if retired) COUNTRY? INDUSTRY Retired Engineer Maryland enna 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary E. Diffendafer. Dennis Palmer WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service) Florence M. Palmer. 3156 Remington Ave permit INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending detached far use as the te Dept. af Health priar ta FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? with the State Dept. af Health NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark pe 21. I certify that (I) (this haspital) attended the deceased fram August 28, 1966, to September, 3966, that (I) (we) last saw the deceased glive an September 3 19 66, and that death accurred at 1:45 M, fram causes and an the date stated abave. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. M.D. DIRECTOR PHYS. directar, page shauld be filed 22d, ADDRESS 22c. PHYSICIAN'S Vincente Ang M.D. NAME (Type) 7620 York Rd. Towson Md. 21204 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial y Woodlawn, Md 250. REC'D BY REGISTRAR 25b. REGIST 9/6/66 Woodlawn Cemetery 2 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

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		(1	VI	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 19491
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	within	letely rrbon t, with		3. NAME DF DECEASED (Type or print) HARTHA ELIZABETH PARRISH DEATH . Day Year 1966
	ted	composite compos		(Type or print) DEATH 19 6 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 88. DATE OF BIR Jast birthday) Months Days Hours Min.
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	The law requires that the death certificate be executed within or attending physician.	teriums processions that be attending the as the burial-transit permit. Then priving to burial-transit on removal.		15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address RANDALLS TOWN. (1f yes give war or dates of service) 138-245646 MARY CROSS \$724 CHURCH LANK
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	quir	een de pl to bl		gave rise to immediate cause (a), stating the DUE TO
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	NG P	7 0 4		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 4 Not While at work at work 19
	ENDI			21. I certify that (I) (this hospital) attended the deceased from 1950 to 1950, 1966, that (I) (we) last
	ATT	S show		saw the deceased alive on 19 66, and that death occurred a M, from the causes and on the date stated above.
		L DIR		M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
	TO HOSPITAL		1	22c. PHYSICIAN'S PUIN L. PLERPONTIMO 22d ADDRESS HEERTY R& BANGMO. 2203
	DH O	D FUNER director should b		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	-	F	0	BUNDA (SOBERTY) 9-19-66 ST Thomas Cem Randalls Town Md, 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR	A15 (4)	Chy	WM. C. MARCH 928 E North Ave DATE SEP 10 1966 yourles Judge
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erion .	1 M	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12428 CERTIFICATE OF DEATH 12422							
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24 hc	lled 72 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Towson Convalescent Home d. STREET ADDRESS 11420 York Rd.	DENCE RM3 10						
l within	completely fil	NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) FILVA L. PATTERSON PATTERSON 19							
xecuted	n and compl remove ca in any event	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 1	Min.						
e pe e	sician lease r and in	USUAL OCCUPATION (Give kind of workdone) 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? COUNTRY? COUNTRY? COUNTRY? A.							
ertificat	ding phy Their p removal,	John B. Curry 14. MOTHER'S MAIDEN NAME Sarah Ellen Riley							
eath ce		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Address 213 48 1102 Katherina M. Patterson, Cockeysville, Md							
at the dan.	222	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Cerebro vascular hemorhay. INTERVAL BETT ONSET ANO OF	VEEN						
The law requires that to a stending physician.	n signed burial-tra	Conditions, if any, which gave rise to Immediate (b) arterio scherote cardio vascular							
aw requ	has been as the b prior to b	Cause (a), stating the underlying cause last. CC) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	OPSY						
is The la		PERFORM	IEO? 10 ₩						
PHYSICIAN: the hospital	his certi etached Dept. of	OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ate)						
	fter be stat	Hour a.m. While Not While factory, street, office bidg., etc.) p.m. 19 at work at work							
ATTENDING retained by		21. I certify that (I) (this hospital) attended the deceased from 7 30, 1966, to 9-29, 1966, that (I) (we saw the deceased alive on 9-28, and that death occurred at 1038 M, from the causes and on the date stated 22a. SIGNATURE 22b. DATE SIGNED							
8 9	L DIRE	22c. PHYSICIAN'S ATTENOING MEO. DIRECTOR PHYS. 9-29-66 22c. PHYSICIAN'S							
O HOSPITAL	director,	NAME (Type) ALBERT H. OSS MAN. DR. 1010 St. PAUL. St. BALTO. Md.	te)						
5,	ر ک په هم	Burial Oct. 3,66 St Tames Episcopal 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	•						
	AI5 (4)	Wm. Cook-Brooks Towson, Towson, Md. OATE OCT 4,356 Thanks Judy	pe.						

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12429 leath. The law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY b. COUNTY Baltimore o. STATE Maryland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 6mth17dvs Baltimore ond completely remove corbon popers. d completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 604 Archer Street STATE HOSPITAL SPRING GRO VE YES \ NO 3. NAME OF Middle 4. DATE Lost Month Day Yeor DECEASED Mary Blanch Patterson 26 19 66 September (Type or print) DEATH YEAR IF UNDER 24 HRS. S. SEX AGE (In years IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthdoy) Months Days Hours famala Negro Aug. 24. 1882 WIDOWED K DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician a COUNTRY? INDUSTRY Maryland unknown S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removal, Frederick Sally 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. unknown unknown Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospitol or ottending physician. DUE TO Conditions, if ony, which gove Generalized arteriosclerosis rise to immediate couse (o) DUF TO stoting the underlying couse as the priar tal FUNERAL DIRECTOR: After this certificate hos been lost. PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) ot work pe March 9 1966 to Sept. 209 66that 00 (we) last 21. I certify that (b) (this haspital) attended the deceased fram____ saw the deceased alive an sept. 26 19 66, and that death accurred at M. fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE 9-27-66 directar, page 3 should be filed v M.D. DIRECTOR PHYS. STATE HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS SPRING GROVE NAME (Type) Anthony J. Young, M.D. Baltimore, Maryland 21228 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Jown) (County) (Stote) REMOVAD (Specify) unis 0 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS**

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MARYLAND STATE DEPARTMENT OF HEALTH 12430 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH o. COUNTY Baltimore ny delay is 2, ond 3 to PM3. Page o. STATE 50 Maryland ofter death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h Edgemere 2 years Edgemere d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS olong with form within 72 hours 2318 Ruth Ave. 2318 Ruth Ave Give Pages 24 hours after death. NAME OF First Middle Lost 4. DATE DECEASED Pennepacker Sr. OF DEATH Jesse G. (Type or print) with S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 7/5/08 Male White WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

Crane Opr. INDUSTRY Beth. Steel Pennsylvania In ony pages 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within Charles W. Pennepacker Florence Maben and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT permit. removol pending 161-12-0958 1B. CAUSE OF DEATH (Enter only one couse per limp for (o), (b) and (c). buriol-tronsit PART I. DEATH WAS CAUSED BY burial, cremotion, or IMMEDIATE CAUSE (o) _ word This certificate should DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO 0 stoting the underlying couse lost. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate. agent, prior to 20o. EXTERNAL CAUSE WAS 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. Hour o.m foctory, street office bldg., etc.) FUNERAL DIRECTOR: Page

23b. DATE THEREOF

10/1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) b. COUNTY Baltimore c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO THE Month Doy Year 28. 19 66 September 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Hours 12. CITIZEN OF WHAT COUNTRY? Addreddgemere, Md. Mrs. Luella Pennepacker 2318 Ruth Ave. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (City or town) (County) (Stote) ot work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry Tox ond in my opinion Notural couses Accident Suicide , deoth resulted from: Homicide Undetermined manner 29-1966 CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2 105 Main St. Theodore C. Patterson M. D. Address (Street, city, town, or county) Dundalk. Md.

23d. LOCATION (City or Town)

2So. REC'D BY REGISTRAR

DATE

Baltimore

1966

(County)

2Sb. REGISTRAR'S SIGNATURE

Maryland

(Stote)

23c. NAME OF CEMETERY OR CREMATORY

Gardens of Faith

ADDRESS

7922 Wise Ave. Dundalk, Md.

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ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type) 23o. BURIAL CREMATION.

REMOVAL (Specify)

24. FUNERAL DIRECTOR

John J. Duda

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PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland Baltimore
c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town Randallstown Randallstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? Chapel Hill Nursing Home Liberty & Rusty Rock YES NO 3. NAME OF paper: in 72 h Middle 4. DATE Year DECEASED OF (Type or print) LOUIS DEATH PEPPLER 1966 and cor carbon it, withir S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Male WIDOWED TO March 20, 1875 DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or loreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S.A. Meat (Retail) Baltimore, Md. please and in a MOTHER'S MAIDEN NAME attending Charles Peppler Laura Godman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Liberty & Rusty Rock Rds. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive wer or dates of service) The law attending physician. Mandallstown, Md , 11133 TWEEN Juliet P. Byers permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Ne phroseleronis Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION a 9 PERFORMED? NO I YES prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While jo Hour et work et work DIRECTOR: 9~18~, 19.66, that (1) (we) last 19 66, and that death occurred at 5 P.M. from the causes and on the date stated above. saw the deceased alive on..... 22e. SIGNATURE 22b. DATE MED. SIGNED DIRECTOR PHYS. PHYS. death. Page 4 M.D HOSPITAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Cesar V. Cavero Liberty Rd. Randallstown, Md. 21123 filed v 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0:58 Burial 9-22-66 Druid Ridge Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 8728 Liberty Rd VR A15 (4) andallstown. Md. 21133 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 naurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY MARYLAND BATTTMORE b. CITY OR TOWN (If autside carporote limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) FORT HOWARD 6 DAYS BALTIMORE e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 83h EUTAW STREET YES NO VETERANS ADMINISTRATION HOSPITAL 3. NAME OF Middle 4. DATE Manth First Last Day Year DECEASED 1966 CLINTEN PERDUE SEPTEMBER 12 ALGAR DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Manths Haurs WIDOWED DIVORCED JANUARY 7. 1917 MALE WHITE 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

JANITOR edse COUNTRY? INDUSTRY FRANKLIN COUNTY. VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME TRUDY FERGUSON HOUSTON PERDUE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. VA HOSPITAL (Yes, na, ar unknawn) (If yes give war or dates af service) CLINICAL RECORDS FORT HOWARD, MARYLAND 226 09 77 03 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HOLIBS DEATH burial-transit PART I. DEATH WAS CAUSED BY: PULMONARY CONGESTION AND EDEMA IMMEDIATE CAUSE (a) XMICKIX Conditions, if any, which gove HEPATIC COMA HOURS rise to immediate couse (o). DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been LIVER CIRRHOSIS, LAENNEC'S TYPE UNKNOWN 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? MEDICAL CERTIFICATION use Health 1 YES NO for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, (City ar tawn) 2Dd. INJURY OCCURRED (County) (Stote) 2Dr. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Nat While at wark TO HOSPITAL OR ATTENDIN Page 4 may be retained by 21. I certify that (1) (this hospital) ottended the deceased from SEPT. 6 , 1966, to SEPT. 12, 1966, that (1) (we) lost 19.66, and that death occurred at 1250AM, from couses and on the date stated above sow the deceased olive on SEPT. 12 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 9/12/66 M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND GEORGE DUBAS, M. D. directar, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
BURLAL BALTIMORE, MARYLAND BALTIMORE NATIONAL 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Mcliarles Jud 966

Bloom which will be a controlled with the believed and about 9 to Chicago and the 1. [[] MARKETIN COUNTY, OVERSHILD CO. S. CONTRACTOR AND STATE OF THE PROPERTY OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12433 2 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland o. COUNTY b. COUNTY Baltimore, MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag thin 72 hours write RURAL and give nearest town) Lutherville Baltimore filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 532 West University Parkway e. IS RESIDENCE ON A FARM? College Manor Nursing Home YES NO 3. NAME OF Middle 4. DATE pou ¥ First Lost Month Doy Year completely DECEASED H.T. Charles Peters September 29th, 1966 event, DEATH (Type or print) 100 IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** remove 86 birthdoy) Months Doys Hours Aug. 8,1880 and in ony White WIDOWED XX Male DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Corporate Executive Automotive COUNTRY? ottending physician permit. Then please Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial-tronsit permit. Then burial, cremation, or removal Josephine Markley Henry Peters 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Fidelityd Building Baltimore, Maryland (Yes no, or unknown) (If yes give war or dates of service) Mr. John Hessey, 216-05-9101 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by be retoined by the hospitol or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse the has been prior to 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS)
PERFORMED? for use Health CERTIFICATION YES 🗌 NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING Dept. of OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) Stote ATTENDING of work ot work pe 21. I certify that (I) (this hospital) attended the deceased from 19___, that (1) (we) last 19 . to r, poge 3 should I and that deoth occurred at 2.05PM from causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 80 9/29/1966 M.D. DIRECTOR TO HOSPITAL O 22d. ADDRESS 22c. PHYSICIAN'S 550 N. Broadway, Baltimore, Md. NAME (Type) Ernest C. Brown, M.D. Jr./, director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial Baltimore, Maryland Oct.3, 1966 Greenmount Cemetery 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Wm. Cook-Brooks, Inc. 1217 St. Paul Street VR A15 (4) 20 M 1/66 Baltimore, Maryland DATE

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	funeral and 2 r death:	1.	PLACE OF DEATH Sullingure County a. COUNTY ON SON 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before add a. STATE ADD b. COUNTY	mission
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1	y fill	6	REATER BALTO. MEDICAL CONTER 924 N. 141/1 Ka. # 18 YES	NO 😿
	uted within 24 nours after completely filled in by the vecarbon papers. Pages 1 event, within 72 hours after	3.	NAME OF DECEASED (Type or print) HEDWIG JOHANNE PIERCE DEATH SEPT. 7 19 (66
	and con remove n any eve		F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift under 1 year lift under 1 year Hours WHITE WIDOWED DIVORCED 4 - 20 - 07 9. AGE (In years lift under 1 year lift under 1 year Hours Hours 1 year 1 year	24 HR
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	and and and	13	. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	
	ding The The		PETER MILLER MARKET Jesephine Gauppman	
	that the death certificate be executed within sician. sician. sind by the attending physich and completely al-transit permit. Then prese remove carbon particles of the six cremation, or removal and any event, within all cremation.		6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. WM. PIERCE Balto., Ma	2/2
	ne de y the sit pe mation		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I PRATH WAS CAUSED BY ONSET AND D	
	ures that the of physician. In signed by the burial-transit of burial cremations.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CACHEXIA & DEUNCHOPNEUMONIA ONSET AND D	
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		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Post	tate)
	ATTENDING retained by CTOR: Afte should be vith the Sta	1	21. I certify that (I) (this hospital) attended the deceased from 7-1, 1966, to 9-7, 1966, that (I) (w	e) las
	TOR Shou		saw the deceased alive on 9-7 1966, and that death occurred at 1105 AM, from the causes and on the date stated	above
	or Attention be retained DIRECTOR: Af ge 3 should the S ed with the S		22a. SIGNATURE Levelyn L. Lamos Mid M.O. ATTENDING MED. STAFF X 9-7-60	1
	AL DIR NA DIR Page filed		22c. PHYSICIAN'S L Camps Man. M.O. PHYS. OIRECTOR PHYS. X 7-7 GC	/
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the (1	NAME (TYPE) EVELYN L. RAMOS GREATER BALTO, MED. CONTER	
	Page Page direction	238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sta	ate)
	= =		REMOVAL (Specify) Burial 9/10/66 Gardens of Faith Baltimore Md ADDRESS Baltimore 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	100 110 110	24	ADDRESS Baltimore 258. REGISTRAR 250. REGISTRAR 250. REGISTRAR 3 SIGNATURE	
	VR A15 (4)	12 7	I Stuck Inc. Leonard J. Ruck Inc. DATE SEP 9 1986 Icharles Judg	-

BETTER BUSTNESS FORMS, INC., BALTIMORE, MD. 21201

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CHONERIA & BROWE 40 PUBLINENIA INTESTIUM PISTULAE CARCINOMA OF COLON

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THE REPORT OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 12435 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. the funeral ages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY LTIMORE b. COUNTY MARYLAND b. CITY OR TOWN (If c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? not in hospital, give street address) hin 72 h filled YES NO I NAME OF Middle DATE ¥ Year DECEASED OF DEATH event, (Type or print) AGE (In years S. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER IF UNDER 24 HRS ir hday) Months Doys Hours DIVORCED ond in any WIDOWED IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during prost of working life even if retired) INDUSTRY. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ad B removal 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ottendi (Yes, no, or unknown) (If yes give wor or dates of service) 0 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: DEATH IMMEDIATE CAUSE (o) signed by the hospitol ar attending physician. DUE TO burial, Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse this certificate has been prior to 19. WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Health NO TO HOSPITAL OR ATTENDING PHYSICIAN: 0 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 2Dc. TIME OF INJURY Month, Doy, Yeor (County) Hour a.m. foctory, street, office bldg., etc.) Not While ot work Poge 4 may be retained by 9, 19 66that (1) (we) las 21. I certify that (1) (this haspital) attended the deceased fram 2017. saw the deceased alive an 10: and that death accurred at 11-00M. from causes and an the date stated above DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. be filed 22c. PHYSICIAN'S 22d. ADDRES FUNERAL NAME (Type) director, should b 230. BURIAL, CREMATION, 23b, DATE HEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION: (City or Town) (State) (County) REMOVAL (Specify) 9 24. FUNERAL DIRECTOR REGISTRAR'S, SIGNATURECE VR A15 (4) 20 M 1/66

08151 7 20 10 2 BALTHARKE PACE AND KEISTERSTOWN KARLA ALSTELL & Bestimat County Can. 4050 403 Sunty Harm Pel PLANK HOWARD MESSIVE DSpiration of Stander Content Bulleus abstructive emplysind Arteriosekrotic Heart Disease 11 16 200 W. 165 10.18 9-19-66 5401 Old Court Rd.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12435 and campletely filled in by the funeral remave carbon papers. Pages 1 and 2 in any event within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Baltimore a COUNTY Baltimore STATE MARYLAND Maryland be executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 2 Days Baltimore 21222 Towson e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 3425 Dunran Rd. 21222 St. Joseph Hospital YES NO K 3. NAME OF Middle 4. DATE last Manth Doy Yeor DECEASED (Type or print) F. September Plucinski 22. 1966 Louis DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours June 14, 1913 Male White WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT U-S-Aduring most of working life, even if retired) Maryland Baltimore City requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Louis Plucinski Julia Wojcik 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na grynknawn) (If yes give war ar dates of service permit. 213-01-0109 Wife. Mrs. Stella Plucinski, #2,a,b,c,d. crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Adenocarcinoma of pancreas with generalized IMMEDIATE CAUSE (a) physician. metastasis. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO attending p stoting the underlying couse the has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO X TO FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur a.m. factory, street, affice bldg., etc.) Nat While at wark 1966 . ta . 1966, that (i) (me) last 21. I certify that (this haspital) attended the deceased fram. shauld 19 66, and that death accurred at 8:05 M, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a SIGNATURE ATTENDING STAFF PHYS. X 9/22/66 M.D. 22c. PHYSICIANY 22d. ADDRESS 7620 York Rd., Baltimore, Md. 21204 NAME (Type) Juan Gan, M.D. directar, should be 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (Caunty) (State) 23a. BURIAL, CREMATION. BREMOVAL (Specify) Dundalk, Md. 21222 Sept. 26-1966 Sacred Heart of Jesus **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

1966

JOHN J. DUDA, Dundalk, Maryland 21222

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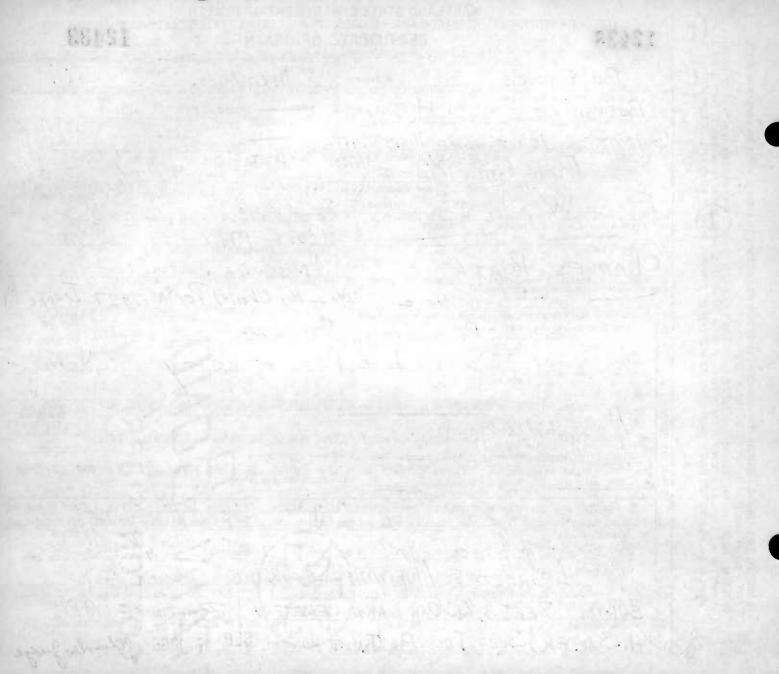
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TO FUNERAL DIRECTOR: After this certificate has been signed by the afterding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

_					OLIVIIIIO	AIL	OI DENI				_ 1	911			
1.	PLACE OF OEATI a. COUNTY	H					2. USUAL RESIDE	ENCE	(Where de		If inst		esidence	before ad	mission)
	Ba	ltimore			MARYLA	ND		fve	and	U.	COOM		nce	Geni	999
	b. CITY OR TOW	N (if outside and give near	corporate I	imits,	c. LENGTH OF STAY II										t town)
	Ow	Owings Mills 2 months					Landover								2
	d. NAME OF HO	ress)	s) d. STREET ADDRESS 9. IS RESIDED ON A FARM							DENCE ARM?					
		sewood		Hos			933			ore Ro	ad		Y	part of the last o	ND 🔽
3.	NAME OF DECEASEO		First		Middle		Last	4	DATE OF		Month		Day	Yea	r
	(Type or print)		Davi	ı	Allen		PLUNKETT		OEATH	1	9		7	19 (56
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED						. DATE OF BIRTH		9.	AGE (In y last birth	ears	FUNDER.			
	Male White WIDOWED DIVORCED						2-24-49				rs.	Months	Days	Hours	Min.
10a du	I. USUAL OCCUPAT Ing most of work	TON (Give kInd Ing life, even	of work don If retired)	e 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	Dependen				none		Prince (Co., M	d.			U.S	.A.
13	FATHER'S NAM	E					14. MOTHER'S MA	AIDEN	NAME						
	John Rob						Mary E	mma	Rich						
15 (Ye	. WAS DECEASED I	EVER IN U.S. AF I (If yes give war	RMED FORCE or dates of ser	S? 16	S. SOCIAL SECURITY NO.	17.	INFORMANT			A	ddres	S			
	no		-	,	none	Ros	sewood Reco	ord	5. Ov	vings	Mil.	ls. N	arv	land	
		OEATH [Enter	only one ca	use per	line for (a), (b), and (c).]		1	-					INTER	EVAL BET	
	PART I. DE	ATH WAS CAU	SED BY:	1		0	ا ا						ONSI	ET AND D	EATH
	490 x	IMMEDIATE			C T 1 C	11	A	m	ullia	unic	n 42	oth		9	
	Conditions, If		DUE TO	13	lateral ar			1	COPPER			.,-			
	gave rise to		(b)	m	welliple in	esce	esser.				-				
	cause (a), st		DUE TO										-710		
Z	underlying caus		(c).	OONTOL	NITING TO BEATH BUILDING				F10F00N	DITIONOUN		4 D T 4 (-)	119.	WAS AU	TODOV
4T10	PARTII. UTHERS	IGNIFICANTO			BUTING TO DEATH BUT NOT		ED TO THE TERMINA	LDISE		1.	ENINE	ART 1(a)	-	PERFORI	
FIC					tal retrelle		im et co	100	7	ulla	ion	~		s [A]	NO 🗌
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLY NG CAUSE TIFY MEDICAL	YING ☐ OF DEATH EXAMINER	20b.	DESCRIBE HOW INJURY	occur	RED. (Enter nature	of[][n]	járy in Po	ert i or Par	t II of	Item 18.)		
CAL	20c. TIME OF	NJURY Mont	h, Day, Yea	r 2Dd.	INJURY OCCURRED 206	. PLAC	E OF INJURY (Home,	, farm,	, 20f.	(City or tov	n)	(Cou	nty)	(S	tate)
MEDICAL	Hour a.n		10	Whli	e _ not wille _	factor	y, street, office bldg.	, etc.))						
M	D.F		19	at wo		_	6/2/	10 /	6, to	01/1	7	106	A sh	at (N) (w	tool (or
		ceased alive		7	ded the deceased from	that	death occurred at	13-6	K M. fr	om the car	ises a				
	22a. SIGNATUR					- Cilac	404111 00001104 41		,			22b. D/			
	1	1 til	in	La	ceil	M.D.	ATTENDING PHYS.	MEI	D. ECTOR	STAFF PHYS.	KI	9/	7/1	(
	22c. PHYSICIA		1			111.0.	22d. ADDRESS	Dik	LOION L	11113.	1		// 0	0	
	NAME (T)	(pe) Phil	lip Zi	eve,	M.D.		Rosewoo	d S	State	Hospi	tal	., Ow:	ings	Mil	ls
238		ATION, 23b.	DATE THE	REOF	23c. NAME OF CEM	ETERY	OR CREMATORY		23d. LC	CATION (C	ty, to	wn or cou	nty)	(Sta	ate)
	Burial (Soe		pt. 10	0.66	St. Patrio	ks	Cemeterv		B1:	air Co	unt	v	P	enna	
24	. FUNERAL DIRE				ADDRESS		25a. F	REC'D	BY REGI	STRAR 25	b. RE	GISTRAR'	S SIGN/	ATURE	
J	. F. Eli	ne & So	ns Re	eiste	erstown, Md.		DATE	-P	13	1966	go	liarl	es &	udge	

	1 6	MARYLAND STATE DEPARTMENT OF HEALTH
	-a(N	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12438 CERTIFICATE OF DEATH
24 hours after death	funeral 1 and 2 death	1. PLACE OF DEATH I TOMB 2, 14 Information of the property design of
er o	# SEC)	a. COUNTY Balto. Balto.
aff	- 80	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
onus	in the	Saltimore DAYS Dundalk 21222
24 h	filled in papers. Fin 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Apt. E e. IS RESIDENCE ON A FARM!
hin	ely f	3. NAME DE FIRST OF ROLL HINDE MADY Last DOTA 4. DATE Month Day Year
with	completely filled in by ve carbon papers. Par event, within 72 hours	(Type or print) BABY CIRI PORTA MINUTE MARY LESS PORTA DEATH 9/2/ 1966
uted	nd com nove c ny ever	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN years I UNDER 1 YEAR IF UNDER 24 HI
xeci	and which	WIDOWED DIVORCED 8/30/66 yrs.
pe e		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate	physiy n ple val, a	13. FATHER'S NAME
rific	ng p Then mov	Charles PortA INSCORE, Brenda Jean
9	attending ph ermit. Then on, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((fyes nive war or dates of service)
requires that the death certificate be executed within ding physician.	n signed by the attending ph burial-transit permit. Then burial, cremation, or removal	None Hot Ars Charles Porta 7927 Trappe 1
he	y the sit partition	18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
nat t	ed b tran-tran	PART I. DEATH WAS CAUSED BY: - Respixatory Pailure
es th	been signed by the burial-trans r to burial, crem	Conditions, If any, which) DUE TO Se Vose Land PREMATURITY
aguir ng p	to b	gave rise to immediate cause (a), stating the DUE TO
w re	has been as the l prior to	underlying cause last. (c)
PHYSICIAN: The law requires that the hospital or attending physician.	this certificate has letached for use as Dept. of Health principle.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)] 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
K. T.	for Hea	YES NO [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
HYSICIA Te hospi	cert hed it. of	20a. ACCIDENT/WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYS he h	After this certificate the be detached for use State Dept. of Health	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While At work
		Hour a.m. While Not While factory, street, office bldg., etc.)
OR ATTENDING be retained by	700	21. I certify that (1) (this hospital) attended the deceased from Aug 30, 1966, to Sept 2, 19 6 Chat (1) (we) la
ATTENDI retained	showith with	saw the deceased alive on Sept 2 19.6 (and that death occurred at 5 2 M, from the causes and on the date stated about 22a, SIGNATURE 1 22b. DATE SIGNED
98 a	Be 3 ed w	5/12 Aman M.D. ATTENDING MED. STAFF \$ 9/2/66
ITAL	RAL r, pa	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS NAME (Type)
Page 4 may	O FUNERAL DIRECTOR. director, page 3 should be filed with the	LEONARD STOPPHINN GISING POURT OF
Pag Pag	Sperie Speries	23a. BURIAL, CREMATION, 23b. DATE THEREOF 26c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		BURIAL DEPT. 3.66 VAK LAWN CEMETERY LATTIMORE, MUZZA. FYNERAL DIRECTOR ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
	A15 (4)	H. SANDER SONS, INC. BALTIMORE MD LOATE SEP 7 1966 Policy O.
20N	1/65	1-221825



cate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12430 CFRTIFICATE OF DEATH

1. PLACE OF DEATH a. CDUNTY Baltimore MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Caton will be a compared limits, write RURAL and give nearest town) Caton will be a compared limits, write RURAL and give nearest town) Caton will be a compared limits, write RURAL and give nearest town) Caton will be a compared limits, write RURAL and give nearest compared limits, write RURAL and gi
Baltimore MARYLAND D. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) ANAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) ANAME DF DECEASED (Type or print) SEX 6. CDLOR OR RACE WIDOWED DIVORCED MIddle Last A. DATE DET DEATH DE
write RURAL and give nearest town) d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) 27 Darrow Drive 3. NAME DF DECEASED (Type or print) 5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED NEW Hampton, Iowa 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) Now Hampton, Iowa 11a. BIRTHPLACE (County & State, or foreign country) New Hampton, Iowa 13a. FATHER'S NAME Peter Cooney 14. Mother's Maiden Name Catherine McNeil 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17a. INFORMANT Address
d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) 27 Darrow Drive 3. NAME DF DECEASED First Middle Last 4. DATE Month DF DECEASED NOT PROBLEM TO BE DECEASED ON A FAI (Type or print) 5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER
3. NAME DF DECEASED (Type or print) First GERTRUDE C. POWERS DATE OF BIRTH DECEASED (Type or print) OF DEATH SEPTEMBER 5 196 OF DEATH SEPTEMBER 5
3. NAME DF DECEASED (Type or print) GERTRUDE C. POWERS 5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 last birthday) Months Days Hours 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR INDUSTRY New Hampton, Iowa 12. CITIZEN OF WHAT COUNTRY? New Hampton, Iowa 13. FATHER'S NAME Peter Cooney 14. MDTHER'S MAIDEN NAME Catherine McNeil 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
DECEASED DECEAS
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR INDUSTRY New Hampton, Iowa 12. CITIZEN OF WHAT COUNTRY?
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10b. KIND DF BUSINESS DR UNDUSTRY LOWER HOLD FOR THE PART OF THE P
nousewife home New Hampton, Iowa USA 13. FATHER'S NAME Peter Cooney Catherine McNeil 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
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Peter Cooney Catherine McNeil 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
(Ver me on unlearn) (Affine nine and Advertised in the Control of
(Yes, no, or unkown) (If yes give war or dates of service)
no I none 1212-52-4202 John P. Powers 27 Darrow Dr. Cato
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary (Arom ores
Conditions, If any, which \ DUE TO \ \Q \cdot \(\In \Condition \)
gave rise to immediate (D)
cause (a), stating the DUE TO
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTI
PERFORM
YES N 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Hour a.m. While - Not While - factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the decreased from 4-5, 19-6, to 4-5, that (I) (we
saw the deceased alive on 1900, and that death occurred a M, from the causes and on the date stated a
ATTENDING MED. STAFF
22c. PHYSICIAN'S 22c. ADDRESS
NAME (Type)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BEMOVAL (Specify) Sept 9,1966 St. Mary's Cemetery Watkins Glen, New York
DESCOUNT (Described)

VR AI5 (4) 20M 1/65 , and the second second

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician.

2440

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12435

		PLACE OF DEATH				1	2. USUAL RESIDENCE (V	Where deceosed lived, if institute b. COL		efore odmission)	7	
	,		Baltimore		MARYL	AND	Mary	land	Wico	mico /		
	b	o. CITY OR TOWN (I	If autside carparate limits,		c. LENGTH OF STAY IN	1b		tside carparate limits, write RI	JRAL and give ne	arest tawn)		
		Fort H	d give nearest town)		7 Days		Salisb	urv	7	2-2		
	d	. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospital, g	ive street address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM	Œ		
7		Vetera	ns Administ	ration	Hospital		635 W.	Main Street			XX	
		NAME OF	Firs	t	Middle		Last	4. DATE Mor	nth	Doy Year		
		Type or print)	PAUL		NAB	P	RICE	OF DEATH SEPTEM	BER 1	19 6	6	
	S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In yeors		R IF UNDER 24		
		Male	Colored	WIDOWED	DIVORCED		1-8-93	73 Yrs.	Months Do	ys Hours A	Min.	
-	10a.	USUAL OCCUPATION	(Give kind of work done	10b. KIN	D OF BUSINESS OR		11. BIRTHPLACE (County	& State, or foreign country)		OF WHAT		
	durii		life, even if retired) Man		oustry intenance		Jackson,	Georgia	U.S.	Δ.		
	13.	FATHER'S NAME	Man	_ I Ma	Tiremance		14. MOTHER'S MAIDEN N	NAME .		42.0		
	100	Geo	rge Price				Betty	Mac Michaels				
	15.			16. 5	OCIAL SECURITY NO.	17.	NFORMANT	Add				
	(Yes	s, no, or unknown) Yes	R IN U.S. ARMED FORCES? (If yes give wor or dotes af	service) 212	-56-7207	Cli	nical Recor	ds, VAH, Fort	Howard.	Maryla	nd	
		1B. CAUSE OF DE	ATH (Enter only one coust	e per line for	(a), (b), and (c).)					INTERVAL BETWEE	N	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA AND CONGESTION HOURS PART I. DEATH HOURS HOURS HOURS PART I. DEATH HOURS										
		157x	IMMEDIATE CAUSE (C	0								
		Conditions, if ony,	which gove)	, ADEN	CARCTNOMA	LITEA	D OF DANCER	AS WITHE ORSME	HOTTON			
		rise to immediat	e couse (o), DUE T	O STORY (C	ONMON DITE	DIIC	D OI LYMOITE	AS WITH OBSTR	D M	ONTHS		
		stating the under	riying cause		ONIMON DILL	טטע	I WAN WEIVE	TASTS TO LIVE	ar.			
				C)	O DEATH BUT NOT DELA	TED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY	<u></u>	
2	NOI	FAKT II. OTHER 30	GNIFICANT CONDITIONS CO.	NIKIDUIING I	O DEATH BUT NOT KEEN	120 10 1	HE TERMINAL DISEASE CON	DITION SIVEN IN TAKE I(U)		PERFORMED? YES X NO		
	Ā	20a. ACCIDENT WAS	CHINDEDI VINC [7]	1 20h DES	CDIBE HOW INHIBY OCC	TIPPED /	Enter nature of injuny in I	Part I or Port II of item 18.)		ILS LAL NO		
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	205. DE3	CKIDE HOW INJOK! OCC	.UKKED. (tiller nurbre or injury in r	run i or ron n or nem 10.,				
	MEDICAL		JRY Manth, Day, Year	20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Hame, farm	, 20f. (City or town)	(County	(Stot	re)	
	WED	Haur o.n	n.	While at wark	Nat While at work	facto	rry, street, affice bldg., etc.)					
						ram	9-8- 1	966 ta 9-1	5- 1966	that (1) (we) last	
		21. I certify that () (this haspital) attended the deceased fram 9-8-, 19-66, ta 9-15-, 19-66, that (1) (we) last saw the deceased alive an 9-15- 19-66, and that death accurred at 2:20 NP, Mram causes and an the date stated above.										
		22a. SIGNATURE	O1	(0)			ATTENDING	MED. STAFF	22b. DATE		200	
			Heorge	e Il	uller.	M.D	. PHYS.	MED. STAFF PHYS.	9/1	6/66		
1		22c. PHYSICIAN'S				3	22d. ADDRESS					
		NAME (Type)	GEORGE DU	DAS, M	l. D.		VA HOSPI	TAL, FORT HOW	ARD, MA	RYLAND		
	23a.	BURIAL, CREMATIC			23c. NAME OF CEMET	ERY OR (REMATORY	23d. LOCATION (City or To	awn) (Coi	inty) (Stote)	
		REMOVAL (Specify	9-19-	56	Baltimore	Nat	ional Cemet	erv Baltim	ore. Man	rvland		
	24.	. FUNERAL DIRECTO	R		ADDRESS		2Sq. REC'D	BY REGISTRAR 2Sb. F	ore Mai			
	6	Janua V.	lson Funera	7 11	1300 Calh	oun	Street DATE S	EP 20 1966	geliant	es Judge	4	
-		THE PROPERTY IN CO.	ISON BUNEYA	Home	BRITIMON	E 140	277 2770					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY Baltimore the T Baltimore MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL end give neerest town) Monkton vrs Monkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours a d. STREET ADDRESS . IS RESIDENCE ON A FARM? completely Falls Road BigsFalls Road papers. YES A NO 72 3. NAME OF First Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH Prince Sept. Mary within 19 66 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX pue B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Female Colored WIDOWED DIVORCED Sept. remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Labor U.S.A. Farm Maryland please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hayman Mary Stevens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) 2114-36-879 Carev Prince Monkton, Maryland 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if eny, which gave rise to immediate ceuse DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use as CERTIFICATION PERFORMED? prior YES NO 20e. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) ö fectory, street, office bldg., etc.) While Not While DIRECTOR et work et work 22a. SIGNATURE DATE ATTENDING SIGNED HOSPITAL FUNERAL page PHYS. DIRECTOR PHYS. M.D. with 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, 23e. BURIAL, CREMATION, | 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) P & B REMOVAL (Specify) Hereford 1966 Hereford. Burial Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1966 VR A15 (4) 20M 5-63

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1.	PLACE OF DEAT				2. USUAL RE	SIDENCE (WI	here deceas	ed lived, If inst b. COUNT		sidence before admission)
		timore		MARYLANI	Ma	aryland	l	A. A.		
	write RURAL Caton	N (if outside corporate li and give nearest town) sville	mits,	c. LENGTH OF STAY IN	11	len Bur		ate ilmits, writ	te RURAL a	and give nearest town)
		or the Pines -			. []		Aven	ie, N. I	2.	e. IS RESIDENCE ON A FARM? YES ND
3.	NAME DF DECEASED (Type or print)	First Lydi	е	Middle M.	Last Prokaska		DATE OF DEATH	Month Septemb	ber	Day Year 15 19 66
	male	6. COLOR OR RACE 7. White	MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIR	1895	9. A		FINDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
dι	ring most of work House		10b. KI	ND OF BUSINESS OR DUSTRY	11. BIRTHPL	ACE (County &		foreign country)	12. CIT COL	TIZEN OF WHAT UNTRY?
13	. FATHER'S NAM				14. MOTHER			4 - 1-		
	3	Pito				ion Do	ve			
()	es, no, or unkown)	EVER IN U.S. ARMED FORCE (If yes give war or dates of serv	rice)		7. INFORMANT			Address		
_	No	None		3-34-2341	Mrs. Howa	rd Mar	tin	Old Fre	ceric	The second second second
		DEATH [Enter only one ca TATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Back	the for (a), (b), and (c).	lead Infa	netic	<i>p</i>			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If gave rise to	Immediate (Coro	nay Dele	rrais					1037-
	cause (a), s underlying caus	ating the	June	rolinga	Viriosel	room				1597
CERTIFICATION	PART II, OTHER	SIGNIFICANT CONDITIONS	CONTRIBU	TING TO DEATH BUT NOT F	ELATED TO THE TER	MINAL DISEAS	SE CONDIT	TION GIVEN IN F	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO Z
	20a. ACCIDENT DR CDNTRIBUT (IF EITHER, NO	WAS UNDERLYING [] NG [] CAUSE DF DEATH (IFY MEDICAL EXAMINER)	2Db. D	ESCRIBE HOW INJURY O	CCURRED. (Enter na	ature of Injur	y In Part	I or Part II of	Item 18.)	
MEDICAL	20c. TIME OF Hour a.i		While at work	Not While	PLACE OF INJURY (Factory, street, office		20f. (CI	ty or town)	(Cour	nty) (State)
	21. I certif	y that (I) (this hospital) attende				-1 .0	1-15-	_, 1962	
		ceased alive on 9-1	17 -	19&&, and	that death occurr	ed at 4 Po	M, from	the causes a		e date stated above.
	22a. SIGNATU	1/49	lag	N)	M.D. PHYS.	MED. DIREC	TOR 🗆	STAFF PHYS.	A 1	STE SIGNED
	22c. PHYSICIA NAME (T	MILLMER	4. B.	Mager	6209	Freder	richa	Son. Be	2112	2228 md.
23	a. BURIAL, CREM	ATIDN, 23b. DATE THEF 9/19/1	966	Moreland		Y 23		timore (
2	. FUNERAL DIA		-	ADDRESS	1 25	a. REC'D BY	REGISTE	RAR 25b. RE	GISTRAR'S	SIGNATURE
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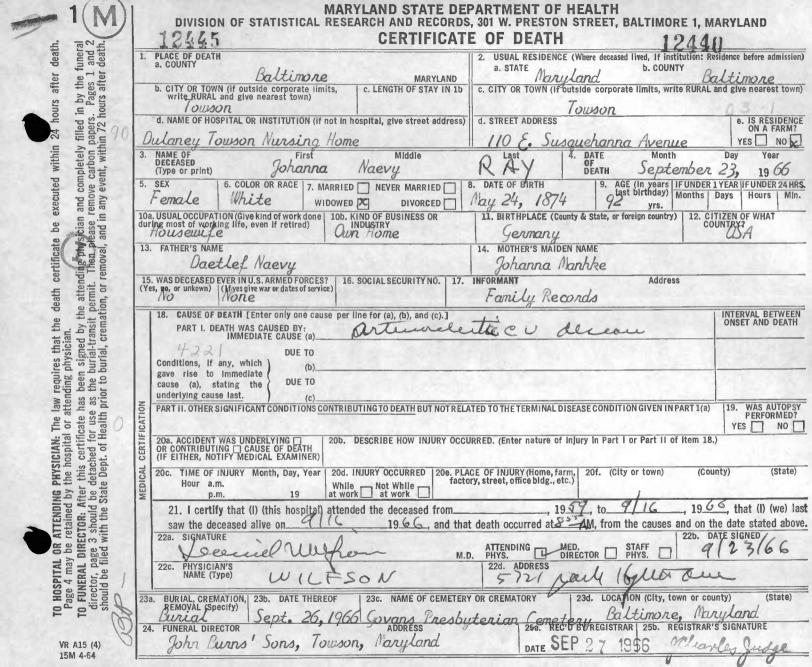
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0 funeral 1 and 2 ter death. executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland lease remave carban papers. Pages 1 and in any event, within 72 hours after filled in by the tu c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)

Baltimore Baltimore 21204 Houres d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1507 LaBelle Ave. YES NO X St. Joseph Hospital Middle and campletely f remave carban NAME OF DATE Year DECEASED William Ragland September Puryear 19 66 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8/yrs (rs. Manths Haurs 6-26-79 male white WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, ar foreign cauntry) be 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR during mast af working life, even if retired) INDUSTRY COUNTRY? please Virginia the death certificate retired Balto, Gas & Electric 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bennet Puryear Ella M. Wyles 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, or unknawn) (If yes give war ar dates of service 212-05-6606 Miss Pauline Purvear 1507 LaBelle Ave 2120 burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Intestinal obstruction secondary to multiple Page 4 may be retained by the haspital or attending physician. adhesions - cecal area Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse as the last WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PHYSICIAN: The far use Health p CERTIFICATION YES XX NO TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While of wark at wark 21. I certify that (I) (this haspital) attended the deceased fram Sept. 4 1966 to Sept. 4 , 1966, that (I) (we) last saw the deceased alive on Sept. 4 19 66, and that death accurred at 4.08 PM from causes and an the date stated above. 22b. DATE SIGNED Sept. 5, 1966 22a. SIGNATURE ATTENDING STAFF PHYS. director, page 3 shauld be filed w M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Manuel S. Cockburn, M.D. 7620 York Rd. Baltamore, Md. 21204 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) 9/7/66 Hollywood Cemetery Richmond. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 966 VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson Inc. 1050 York Rd. 21204 DATE

	1 (M.)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
of the state of	F 20 F	12444 CERTIFICATE OF DEATH 12439
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY b. COUNTY
	in by the s. Pages hours afte	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	24 hou filled in papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		Greatic Balto Med Center. 1413 Shefford Cd YES NO E 3. NAME OF First Middle Last 14. DATE Month Day Year
	completely completely ve carbon event, with	OF ROSE Marie Ramsay. OF DEATH 9 35 19 C
	executed within and completely remove carbon prany event, with any event, with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR Hours Min Hours Hours Min Hours Hours Hours Hours Min Hours Hours
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
	ificat grahy len, p oval,	13. FATHER'S NAME
	cert	Michael J. Velen Swattenen Rose M. 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	death e atte permi	(Yes, no, or unkown) (If yes give war or dates of service) 212 24 4479 Mrs. Rosemarie Fritz (Same)
	requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removel, and it	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO
		Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Removing the DUE TO (c) iarcinona of allowing the last.
	The law all or atten ficate has or use as Health pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ician certif hed f	
	d by the h After this d be detact	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4
	the the	21. I certify that (I) (this hospital) attended the deceased from 9-32, 1966, to 9-35, 1966, that (I) (we) la saw the deceased alive on 9-35-1966, and that death occurred at 28M, from the causes and on the date stated above
•	DIR DIR Bee	22a. SIGNATURE Edgar a Redarm.D. ATTENDING MED. STAFF 9: 25-66
	Page 4 may ro Funeral I director, pal should be fil	NAME (Type) Nobert Chamber 22d. ADDRESS G.B.M.C.
	TO HOSPI Page 4 TO FUNER director, should b	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial 9/28/66. Holy Redeemer Cemetery Baltimore, Md.
	VR A15 (4)	24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto Md 21814 DATE 925. REGISTRAR'S SIGNATURE
	20M 1/65	SEP 27 1966 House Judge

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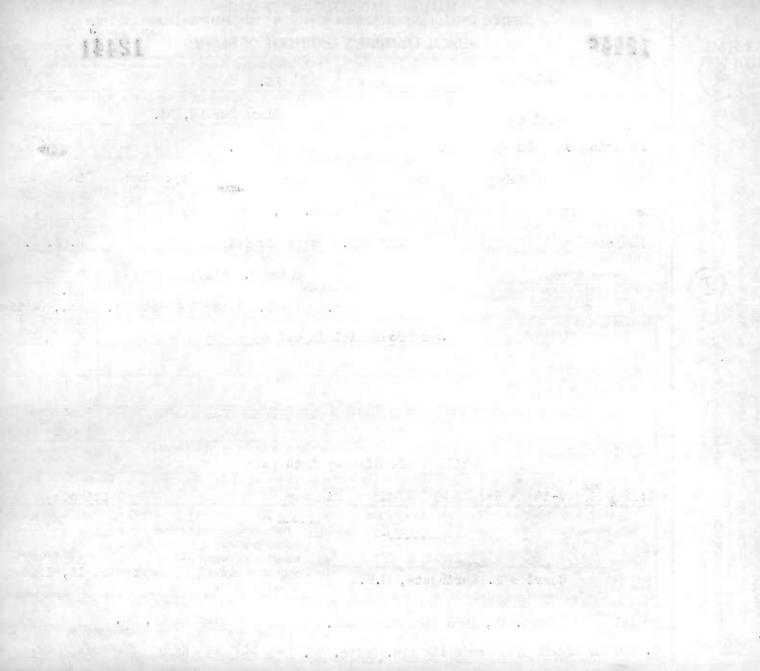


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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COLINTY o. STATE b. COUNTY delay is ond 3 to M3. Page BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. Departme 2, ond PM3. after Glenn Burnie. Md. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office along with form Junction of Beltway and 95 106 Beth Rd. Give Poges YES NO K hours ofter deoth. NAME OF Blair First Middle 5 Lost 4. DATE Month Dov Year DECEASED Mickey) REED September Lee 14 19 66 within (Type or pnnt) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthdoy) Item 18. Months Doys Hours Male White MIDOWED Sept. 28.1942 DIVORCED event ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Musician INDUSTRY Self Emp. West Virginia d "pending" in pencil in Chief Medicol Exominer's pencil 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Erenest Reed Audra C. Rilev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Audra L. Miller 106 Beth Rd. Glen., Burinie No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cerebrocranial injuries O IMMEDIATE CAUSE (o) This certificate should writing the ward cremation, DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 forwarded 05 buriol, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? the certificate, YES X NO. 0 20o. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should ogent, prior Skidded off highway into pole MEDICAL EXAMINER: CAUSE OF DEATH 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.)
Highway moy be retoined to your FUNERAL DIRECTOR: Page 1:59 of work 9-14 19 66 Baltimore please execute ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy [X]. Inquiry , and in my opinion Inspection [Accident K Suicide . death resulted from: Natural causes Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY September 14, 1966 DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** 5 moy to FUNER Health of Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify)
Bruial Glen Bunie, Md. Glen Haven Cem 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) SEP Milarlen Judge 1966 G. Truman Schwab 3512 Frederick Ave. Balto. Md. 6M 1/66



FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12447 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before a STATE b. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before a STATE b. COUNTY	are admission)
f any delay is 1, 2, and 3 to m PM3. Page Department of rs after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Pikesville C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Baltimore	est town)
th. If any ges 1, 2, 2, 1 form Prote Depo	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Woods, 1900 Block Smith Avenue d. STREET ADDRESS 4.054 Hickory Avenue	e. IS RESIDENCE ON A FARM? YES NO
d within 24 hours ofter death. If of in pencil in Item 18. Give Pages 1, Examiner's Office along with form File pages 1 and 2 with the State Deand in any event within 100 hours	3. NAME OF First Middle Lost 4. DATE Found Month Do OF September 3 Harry Edward Reed PEATH September 3	19 66
ofte olon	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 4. Agriculture of the property of the	Hours Min.
thin 24 hours encil in Item 18 miner's Office poges 1 and 2 in any event	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11c. CITIZEN (COUNTRY NAME) 11d. MOTHER'S MAIDEN NAME	
d within in pencil Examine File pog and in o	Harry E. Reed Lottie Buell	
be executed "pending" in nief Medical onsit permit. I	(Yes, no, or unknown) (If yes give war or dates of service) Yes 1942-1945 214-12-8736 Mr. Larry E. Reed 4332 Newport A:	Venue NTERVAL BETWEEN
MINER: This certificate should be executed within 24 hours ofter death. If a the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 3 should be forworded to the Chief Medical Examiner's Office olong with form ur files. Be 3 should be used as a burial-transit permit. File pages I and 2 with the State Deggent, prior to burial, cremation, or removal, and in any event within 72 hours of		NSET AND DEATH
is certif te, writi forwork e used o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)	9. WAS AUTOPSY PERFORMED? YES NO
ER: The certification only be selected by the certification of the certi	200. EXTERNAL CAUSE WAS PRIMARY IN COLURRED. (Enter nature of injury in Port I or Port II of item 18.) Stabbed self in chest	
L EXAMINER. recute the cerror page 4 should for your files. R. Page 3 should great opent, p	20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. 9-30 19 66 While of work of work to the of work of work of the of work of work of the of work of the of work of the of work of the of work	
pleose ey director. retained its design	death resulted from: Notural causes Actident Suicide X, Actident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE	22. DATE SIGNED
o DEPUTY necessary, the funero 5 may be 5 punera Health or	EXAMINER'S NAME (Type) Charles S. Petty, M.D. Address (Street, city, town, or county) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	
5 = = 2 =	BIRLAND NOT CO. 4 October 66 Lakeview Memorial Park Carrell County Mar	URF
VR A15ME (5)	Burgee Juneral Hope, 3631 Falls Road DATE OCT 5 1966 ACCORD	en Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12448 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest_town) CATONSVII CATONSVILLE filled in Papers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address) within 72 8 Ridge YES NO T 3. NAME OF Middle DATE Month Doy Year First DECEASED ced 19 66 DEATH (Type or print) event, IF UNDER YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Dovs Aug. 15, 18 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Book Aceper INDUSTRY COUNTRY? N.J 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Tosse 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 8 Ridge Rd. (Yes, no, or unknown) (If yes give wor or dotes of service -01-7466 Mrs Louise Duvall cremotion, or 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSE (0) Arteriosclerotic Heart Disease vrs. DUF TO buriol Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be retoined by the hospitol or ottending this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO UF 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While While ot work ot work TO FUNERAL DIRECTOR: After , 19 62 , to Sept. , 19 65, that (I) (week las 21. I certify that (I) (this hospital) attended the deceased fram Octo saw the deceased alive an Sept 20 19 66, and that death accurred ap: 30AM, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. M.D. PHYS. 22d. ADDRESS Mallow Hill Ave. . 22c. PHYSICIAN TO HOSPITAL Gaver, M.D. Raltimore, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF, (County) Cem BAITO 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR

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24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after reath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12449 CERTIFICATE OF DEATH

- 12	-										
	1.	PLACE OF DEATI a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. CQUNTY						
		Baltim	Baltimore MARYLAND				Maryland Baltimore				
Ч		b. CITY OR TOW	N (If outside corporate III and give nearest town)	nits, c. LENGTH OF STAY I	N 1b		side corporate limits, wr	Ite RURAL	and give nearest town)		
			sville			Pikesvi	lle	1	3-/		
				not in hospital, give street add	ress)	d. STREET ADDRESS			e. IS RESIDENCE		
0	R		sing Home Es			3520 Essex	Road		YES NO		
	3.	NAME OF DECEASEO (Type or print)	Anna First	H Reich	1	Last 4.	DATE Month		Day Year 19 ⁶ 6		
И	5.	SEX	6. COLOR OR RACE 7.	MARRIEO NEVER MARRIED		B. DATE OF BIRTH	look blokbdow		LYEAR IF UNOER 24 HRS.		
		emale	White w	IDOWEO DIVORCED		Sept. 7, 18	80 last birthday)		Days Hours Min.		
	10a	USUAL OCCUPAT	ION (Give kind of work done ing life, even if retired)	10b. KINO OF BUSINESS OR INOUSTRY		11. BIRTHPLACE (Count	y & State, or foreign country) 12. Cl	TIZEN OF WHAT		
		House w	ife	MOOSIKI		Germany		U.	S.A.		
		FATHER'S NAM				14. MOTHER'S MAIDEN	NAME				
	W	ilhelm	Schaper			Frederi	cka				
			EVER IN U.S. ARMED FORCES	S? 16. SOCIAL SECURITY NO.	17.	INFORMANT	Addres	ss	-		
	(Yes	s, no, or unkown)	(If yes give war or dates of serv	ice)		s Frieda Sw			ex Rd.		
	_	no				S IIIeua DW	carer ooko	TIPPO			
				use per line for (a), (b), and (c).					INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Coronary Occlu	sio	n			ONSET AND DEATH		
и	4201 OUE TO										
		Conditions, If	any, which) (b)	Arterioscleroti	e c	ardiovascular	disease	200	15 years		
		gave rise to	Immediate (
		cause (a), si underlying caus	tating the								
	S			ONTRIBUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	PART 1(a)	119. WAS AUTOPSY		
	¥								PERFORMEO?		
0	띮	200 ACCIDENT	WAS INDEDIVING ET	OOL DECODINE HOW IN HID	. 0001	IDDED (Fater action of In-	um la Dank I au Dank II a	f Ham 10)	YES NO		
	CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING TO CAUSE OF DEATH (IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY		KREO. (Enter nature of inj	ury in Part I or Part II o	of item 16.,			
	MEDICAL		INJURY Month, Day, Year		e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(Cour	nty) (State)		
	<u>a</u>		n. *****	While Not While	Tacto	ry, street, office bldg., etc.)	KXXK	****	**		
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7				attended the deceased fro			50, to September				
		22a. SIGNATUR		tember 2619 66 , an	d that	death occurred at 41.	Trom the causes	and on th	TE SIGNEO		
u		224.	Von My	1.11		ATTENDING - MEC	STAFF				
		1000	cay //re	West /	M,E	PHYS. DIR	ECTOR PHYS.		1,1966		
,		Mi TAME	1000	Ym /		22d. ADORESS 18:	ll North Roll	ling R	oad		
				350		Ba,	ltimore, Md.	21207			
	23a.	BURIAL, CREM	ATION, 23b. DATE THER	EOF 23c. NAME OF CEN	IETERY	OR CREMATORY	Ba 1 CATION City to	own or con	nty) (State)		
-	_]	burlal	Oct. 3	166 Western							
1	24.	FUNERAL DIRE	CTOR	ADDRESS		1			SIGNATURE		
.)		Witzke	4101 Edmon	dson Ave Balt	.0.	Md. DATE CT	3 1966	charl	as Junge		
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIN CERTIFICATE OF DEATH 12	TORE I, MARTLAND
	146
1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If	institution: Residence before admission)
a. COUNTY BALTIMORE MARYLAND a. STATEMORY (24) & b. CC	DUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	write RURAL and give nearest town)
write RURAL and give nearest town) RANDALSTOWN N 82 days BALTIMORE TO NAME OF USBITAL OF DESTRUCTION OF THE PROPERTY OF THE P	21218 304
1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RANDALLSTOWN BALTIMORE C. LENGTH CF STAY IN 1b WRITER RURAL and give nearest town) RANDALLSTOWN BALTIMORE C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RANDALLSTOWN BALTIMORE C. STREET AOORESS D. STREET AOORESS 2737 FENWICK	e. IS RESIDENCE ON A FARM?
	AVC YES NO D
Batimore County General Hospital 2737 Fewwick 13. NAME OF DECEASED (Type or print) FLORENCE CAROLINE RICE DEATH SE DECEASED (Type or print) FLORENCE CAROLINE RICE DEATH SE DESTRUCTION OF SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In bed) lest blitched.	onth Day Year ptember 23 1966
3. NAME OF FIRST MIDDLE CAROLINE RICE DEATH SE DECEASED (Type or print) FLORENCE CAROLINE RICE DEATH SE DEATH SE DECEASED (Type or print) FLORENCE DIVORCED AUG. 12, 1882 4. DATE MO OF DEATH SE DEATH SE DEATH SE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She kitel church does 10) MANGOE DIVORCED AUG. 12, 1882 4. WIS USUAL OCCUPATION (She k	mondie Days Monte Minn
DIVORCED Aug. 12, 1882 84 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11/ BIRTHPLACE (County & State, or foreign county)	ntry) 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 10b. KINO OF BUSINESS OR INDUSTRY BALTIMORE Md.	US A
	110-12-0
HENRY VOLLARDT DOUBLEROOP ANNA	KEYSER
13. FATHER'S NAME HENRY VOLLARDT 15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	iress CT (34)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	ELRIMO ST #24
F > 0 E DADT I DEATH WAS CAUGED BY	ONSET AND DEATH
the constant of the constant o	KNOWN
Conditions, If eny, which gave rise to immediate (b)	NNOWN
gave rise to immediate cause (a), stating the DUE TO	
e lip at 5 underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 119. WAS AUTOPSY
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN EXTENSIVE DECLIBITUS LLCERS, FX Of femiliary and according to the property of the propert	PERFORMEO? YES NO [2]
A COUNTRIBUTING TO CAUSE OF OFATH	
경영 3명 : 경 (IF EITHER, NOTIFY MEDICAL EXAMINER) 경 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(0) (0)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) 4 by 20 complete the distribution of the post o	(County) (State)
21. I certify that (I) (this hospital) attended the deceased from 12 1966, and that death occurred at 400 M, from the cause saw the deceased alive on 23 1966, and that death occurred at 400 M, from the cause saw the deceased alive on 23 1966, and that death occurred at 400 M, from the cause saw the deceased alive on 23 1966, and that death occurred at 400 MEO.	22 10 6/ that (1) (wa) last
21. I certify that (I) (this hospital), attended the deceased from 100, 1900, to 20, to 3 and that death occurred at 40M, from the cause 22a. Signature 22a. Signature M.D. ATTENDING MEO. DIRECTOR PHYS. II	es and on the date stated above.
22a. SIGNATURE STAFF	22b. DATE SIGNED
M.D. PHYS. 22c. PHYSICIAN'S 22c. PHYSICIAN'S 22c. PHYSICIAN'S	Dept, 23,1966
PHYS. I DIRECTOR PHYS. II 220. PHYSICIAN'S NAME (Type) UNTIN L 230. AODRESS NAME (Type) UNTIN L 230. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	u. Haspitals
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City,	town or county) (State)
DONING TO THE TOTAL TO THE TAIL TO THE TAIL TO THE TAIL TO THE TAIL THE THE TAIL THE	REGISTRAR'S SIGNATURE
SED O DE COLOR GARAGERN AUE. SED O SOCC	Charle O. Ja
20M 1/65 B Charles & Select BALTO, 21224, MD. DATE QLF 28 1966	The surge

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REMOVAL (Specify)

FUNERAL OIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH 23, 24 Film | 22 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Maryland Mary's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) California, Maryland e. IS RESIDENCE ON A FARM? d. STREET ADDRESS none YES NO Last 4. DATE Month Oay Year Ridgell DEATH September 19 ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) | Months | Oays March 17, 1070 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? St. Mary's 14. MOTHER'S MAIDEN NAME Becky Evans 17. INFORMANT Address Records: SPRING GROVE STATE HOSPITAL INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO K 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) (State) 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) 19 66 that ((we) last and that death occurred at _M, from the causes and on the date stated above. 22b. DATE SICNED ATTENDING PHYS. STAFF 9-26-66 DIRECTOR PHYS. 22d. ADDRESS GROVE STATE Baltimore, Maryland 21228 23d. LOCATION (City, town or county) (State) Anatomy Board of Md. Balto. . Md.

REC'O BY REGISTRAR

25a.

ADDRESS

1 Funeral Home. Pikesville. Md.

25b.

RECISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12453 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY Maryland Baltimore MARYLAND within 24 haurs after c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write <u>RU</u>RAL and <u>give</u> neorest <u>town</u>) 2h Days Baltimore 21225 Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? ease Temove carbon papers. and in ony event, within 72 h Veterans Administration Hospital 5 West 2nd Avenue YES NO X NAME OF First Middle Lost 4. DATE Month Dov Year DECEASED 19 66 FRANK RIZZOLO JR. SEPTEMBER 30 DEATH (Type or print) executed 1F UNDER 24 HRS. AGE (In years IF UNDER S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED TY birthdoy) Months Doys Hours 9/28/20 White WIDOWED DIVORCED Male 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR U.S.A. during most of working life, even if retired) **Laborer** State Highways Kearney, New Jersey The law requires that the deoth certificate 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME a Frank P. Rizzolo, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Janet Craig 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service)

Yes II burial-tronsit permit. 114-12-26-20 Clin. Records, VA Hospital, Fort Howard, Md. burial, cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) JERSEY CHIST AND DEATH MASSIVE GASTRO INTESTINAL BLEEDING PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO YEARS HODGKINS DISEASE Conditions, if ony, which gove rise to immediate couse (o), NEW DUE TO stoting the underlying couse be retoined by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been for use os the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? KEARNEY POST OPERATIVE IRRADIATION ULCERATION OF THE SKIN NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While HOME. ot work 21. I certify that 20) (this haspital) attended the deceased fram 9/6, 1966, ta 9/30, 166, that 20) (we) last saw the deceased alive an 9/30 1966, and that death accurred all 154N, fram causes and an the date stated above. FUNERAL 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 9/30/66 M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MARYLAND NAME (Type) MILTON GINSBERG, M. director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) ARLINGTON, NEW JERSEY HOLY CROSS CEMETERY REMOVAI 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ZANNINO FUNERAL HOME 1966 Conkling St. Bultimore,

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MA. 12454 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral aave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland within 72 haurs after MARYI AND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 26vr7mth26dys Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREFT ADDRESS SPRING GROVE STATE HOSPITAL 614 Bosley Avenue X.BKQXKX SQ.X Femave carban NAME OF First Last 4. DATE Month DECEASED Le Page September Robbins XXXXXX (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In veors NEVER MARRIED lest birthdoy) female white Dec. 3, 1879 in any WIDOWED * DIVORCED physician and c 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
housewife INDUSTRY Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaya Nancy W. Hamilton Harry Hough IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor ar dotes of service) unknown unknown Records: crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (o) DUE TO burial. Canditians, if ony, which gove Arteriosclerotic heart disease rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar attending as the O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that ((this haspital) attended the deceased fram_ Feb. 2. , 195420 to. Sept. 2019 66, that #1) (we) last Sept. 289 66, and that death accurred at M, fram causes and an the date stated above saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR directar, page 3 shauld be filed v 22c. PHYSICIAN'S STATE 22d. ADDRESSSPRING GRO VE NAME (Type) Anthony J. Young, M.D. Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town)

Mt Olivet Cemetery

4600 Liberty Hghts. Ave.

e. IS RESIDENCE ON A FARM?

Year

19 66

IF UNDER 24 HRS.

NO T

YES T

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO X

(Stote)

(Stote)

Doy

28

COUNTRY?

(County)

9-28-66

(County)

Baltimore, Maryland

1965

2Sb. REGISTRAR'S SIGNATURE Marley

2So. REC'D BY REGISTRAR

HOSPINAL

VR A15 (4) 20 M 1/66

Burial (Specify)

24. FUNERAL DIRECTOR

9-30-66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral "should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY hours Baltimore Maryland b. COUNTY \$ 0 to MARYLAND b. CITY OR TOWN (if outside corporate limits, a c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give negrest town) within 24 write RURAL and give nearest lown)
Catonsville 5 Life Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 134 Wesley Avenue 134 Wesley Avenue 3. NAME OF First Middle 4. DATE Month DECEASED OF Sept. 25. (Typa or print) Alice Robinson DEATH Elizabeth 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR Colored birthday) Female DIVORCED | Oct. 15.1863 certificate WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore Co. Marvland Pvt. Family Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā Elizabeth Brown Zechariah Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes giva war or detes of service) Madelyne M. Futch-134 Wesley Ave. 18. CAUSE OF DEATH [Enter only one cause per line for is , (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) CERTIFICATION 20. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, ferm, ! 20f. (City or town) retained factory, street, office bldg., etc. Not While Hour a.m. DIRECTOR et work et work the causes and on the date stated above. saw the deceased alive on... and that death occurred) 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) ector, 23e. BURIAL, CREMATION, | 23b., DATE, THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county P. F. B Arbutus Memorial Park Baltimore Co. Md. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE March Herbert E. Nutter 3035 W. North Ave.

DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM

Year

1966

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? NO T

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12455 CERTIFICATE OF DEATH deoth by the funeral Pages 1 and 2 within 24 hours ofter deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Baltimore Maryland Baltimore remove corbon papers. Pages 1 nany event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Towson Baltimore 12 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? and completely filled in 7108 York Road Armacost Nursing Home NO Z 3. NAME OF Middle 4. DATE Month DECEASED Sept. 26 George W. Rodney 66 DEATH (Type or print) requires that the deoth certificate be executed AGE (In years lost birthdoy)
O yrs. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** Dovs Hours W 2/17/1886 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) ease during most of working life, even if retired haster Electrician - Ret Lord Balto . Press COUNTRY? ottending physicion permit. Then please Balto.Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or remov Jane Samuels Edward H. Rodney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service Mrs.J. Henry Benhoff.3rd Same INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (b), ond (c).) burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c signed by Page 4 may be retained by the hospital or attending physicion. DUE Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been d for use os the of Health prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detached should be filed with the State Dept. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. ot work øt work 21. I certify that (Dathis hospital) attended the deceased fram 49 66 and that death occurred at 7P. M, from causes and on the date stated above. saw the deceased alive on 220. SIGNATURE DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 7501 York Road 0'Donnell F NAME (Type) Charles 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify)
Burial Baltimore County
ISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR .W.Jenkins 2So. REC'D BY REGISTRAR Sons Co. VR A15 (4) 20 M 1/66 rcharles

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Baltimore Maryland Baltimore MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à Towson Towson = bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1 842 Greater Baltimone Medical Center 7213 Lanark Road YES ND within completely pou NAME DE DATE Month Day Year DECEASED car (Type or print) DEATH 1966 6. COLOR OR MACE 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min 7. MARRIED DATE OF BIRTH 9. Months Days Hours and any WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or reign country) during most of working life, even if retired) physical and CDUNTRY? Housewife death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SDCIAL SECURITYND. 17. Address permit. 5 (Yes, no, or unkown) | (If yes give war or dates of service) No None cremation, been signed that the burial transit is to burial, cremation CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating as th underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate ND T YES 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached lept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After Id be d Page 4 may be retained by at work at work J FUNERAL OIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3.00 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATUR 22b. DATE SIGNED ATTENDING MED. M.D. DIRECTOR PHYS. PHYS. PHYSICIAN'S **ADDRESS** 22d. NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 2 ō FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REC'D BY REGISTRAR I 25b. VR A15 (4) 20M 1/65

S CHARLES IN 67 1 1 31 21 The state of the s Coloren Twee Grupher haltenne her - 6° - 10° -Edward Gramphin-- Jeace Grunder 21718 Husband 7223 Carrier Cardionsprodus Joilens Malignamy Eastware 39 -85-6 39 -61-6 38 -85-6 Down to Willelians RAPH K. CHHOLLOR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12458 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE M HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) o. COUNTY o. STATE b. COUNTY Baltimore ny delay is 2, and 3 to PM3. Page Marvland Baltimore 90 after death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH DE STAY IN 16 c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore - rural Baltimore - rural d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENC haurs Office alang with farm ON A FARM? State [Rose Farm in Item 18. Give Pages YES X NO Rose Farm after death. 3. NAME OF DATE First Lost Month Dov Year within 72 DECEASED 9 18 19 66 Edith Marie Rose DEATH with IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In veors NEVER MARRIED lost birthdoy) Months Hours 4-3-1921 white WIDOWED DIVORCED female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? TENNESSEE ta the Chief Medical Examiner's pages pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within = LUCIAN RICE ROSA ANDERSON E and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remayal MR. BUFORD ROSE, RELAY HILL, MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY DNSET AND DEATH O Gunshot wound of head IMMEDIATE CAUSE (o). This certificate should e, writing the ward farwarded ta the C burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO D stoting the underlying couse OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) PERFORMED? CERTIFICATION please execute the certificate, YES X NO p 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, priar shauld CAUSE OF DEATH shot self 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) While may be retained far yaur FUNERAL DIRECTOR: Page of work 19 66 of work 18 Relay Balto. Md. farm designated 21. I certify that I taak charge of the remains described above, held an Autapsy x Inspection [Inquiry [and in my apinian death resulted fram: Natural causes Suicide x Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ar its ASSISTANT MEDICAL EXAMINER SIGNATURE 1/1 DEPUTY MEDICAL EXAMINER 9/19/66 **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) Werner U. Spitz, M.D. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 BURTAL (Specify) LISBON, MARYLAND 9-21-66 LIBERTY BAPTIST CEMETERY 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15ME (5) HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 1966

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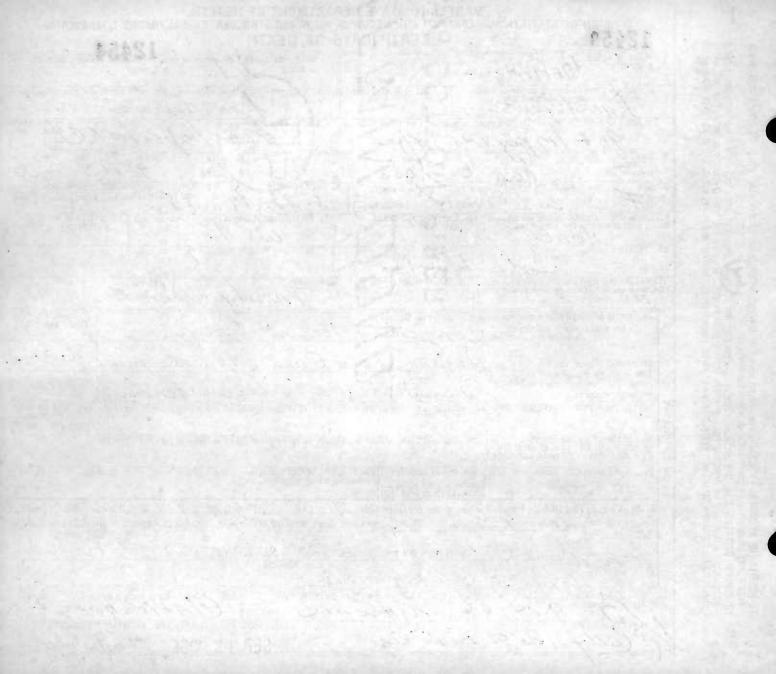
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. USUAL RESIDENCE (Where deceased Lived, If institution: Residence before admission) 1. PLACE OF DEATH the 1 Pages 1 b. COUNTY MARYLAND **bacITY OR TOWN (If outside corporate limits.** corporate limits, write RURAL and give pe write RURAL and give nearest town) bon papers. Pag within 72 hours 24 hours filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? completely in carbon person, within certificate be executed within 3. NAME OF Last 4. DATE Month Day DECEASED (Type or print) DEATH 19 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH OR RACE physician and can please removed and in any e 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR y & State, or foreign country) 12. CITIZEN OF WHAT most of working life, even if retired) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then p should be filed with the State Dept. of Health prior to burial, cremation, or removal, 25. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANI Address (Yes, no, or unkown) (If yes hive war, or dates of service) PHYSICIAN: The law requires that the death the hospital or attending physician. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO L 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (County) (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING at work at work 19 66 be retained May 12, 1966 to 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 11:54 AM, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING STAFF Page 4 may t M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) 450 (State) LOCATION (City, town or county) BURIAL, CREMATION, 23b. DAJE THEREOF OF CEMETERY OR CREMATORY REMOVAL, (Specify) ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12456 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 12461 HEALTH DEPX PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PM3. Poge a. COUNTY a. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND ond 3 t Deportment b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 after Baltimore Baltimore Rura1 Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Office olong with form hours 2903 Taylor Avenue 2903 Taylor Avenue in Item 18. Give Poges NO X ofter deoth. with the Sto within 72 h 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED MARIE RUSSO ANN September 15 66 (Type or print) DEATH 19 S. SEX 9. AGE (In years lost birthdoy) 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Days Haurs July 5, 1966 White Female. WIDOWED DIVORCED 24 hours event 10 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) **INDUSTRY** COUNTRY? in ony Maryland None 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within Henry J. Russo Marie A. Matassa ond 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknawn) (If yes give war or dates of service) removol pending None Mr. Henry Russo - Same 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Interstitial Pneumonitis. 0 IMMEDIATE CAUSE (a) This certificate should writing the word cremation, DUE TO Canditians, if any, which gave forworded to rise to immediate cause (a), DUE TO stoting the underlying cause as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Otitis Media. YES X NO the certificate, pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II af item 1B.) should PRIMARY ☐ or CONTRIBUTING ☐ MEDICAL EXAMINER: CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year (City or tawn) (County) (State) moy be retoined for your FUNERAL DIRECTOR: Page Nat While factory, street, affice bldg., etc.) at wark at work 21. I certify that I taok charge of the remains described above, held an Autapsy X. Inspection and in my apinian Inquiry [death resulted fram: Natural causes x Accident . Suicide , Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED celle ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 9/15/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth (Address (Street, city, town, or county) NAME (Type) Charles S. Petty, M.D. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 50 REMOVAL (Specify)
Burial Meadowridge Cemetery Baltimore , Maryland 9/19/66 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR ocharles VR A15ME (5) DATSEP 1966 Leonard J. Ruck Inc. 5305 Harford Rd. #14 6M 1/66

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Reg. Dist. No.

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OR INSTITUTION					d. STREET ADDRESS					RESIDENCE N A FARM?
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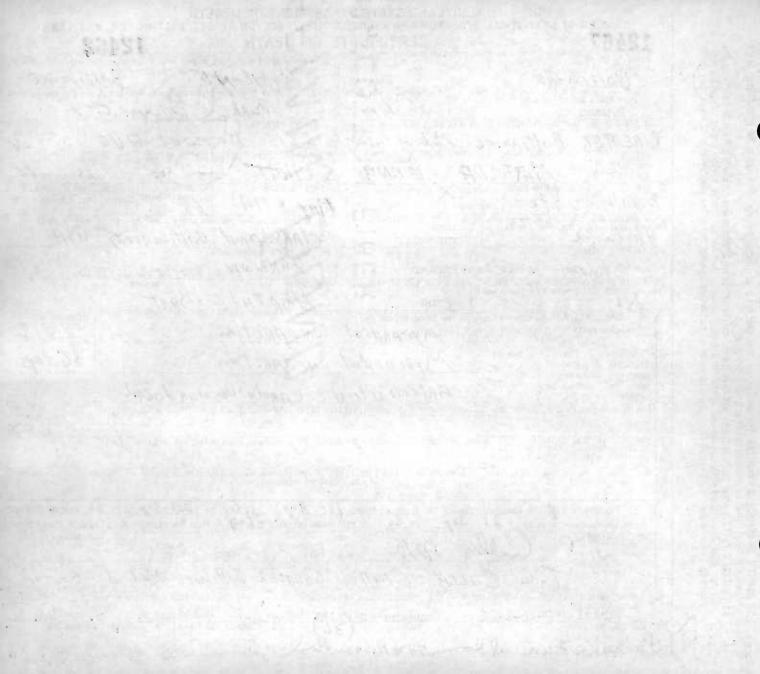
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12465 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: before admission a. COUNTY a. STATE b COUNTY death. MARYIAND b. CITY OR TOWN (If outside carporote limits, c. CITY, OR TDWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give neorest tawn) BROOKLYN after d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) IS RESIDENCE ON A FARM? hours Office alang with farm AINSLIE 1803PITAL NO PC in Item 18. Give Pages ate 24 haurs after death. NAME OF 4. DATE First Year DECEASED within Luciano (Type or print DEATH S. SEX DATE OF BIRTH IF UNDER IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED last birthdoy) Months Haurs 10-30-Days WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT during mast of yarking life, even if retired) COUNTRY? Hotel Examiner's pencil 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Mary Noto Salvatore Sapienza and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT rd "pending" in Chief Medical E (Yes, na, ar unknown) (If yes give war ar dates of service) remayal. Same 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: ONSET AND DEATH ar ward crematian, Conditions, if any, which gave e, writing the v farwarded ta th rise to immediate cause (a). stating the underlying cause burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO p pe 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) Hour a.m. foctory, street, office bldg., etc.) Nat While FUNERAL DIRECTOR: Page at work please execute 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my apinian the funeral directar. death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address Street, chyOown, of County may Health NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 166. emeter Brooklyn IV. Y 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ruck Inc. Balto. Md. VR A15ME (5) 1966 Marley

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ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician. CTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then elease with the State Dept. of Health prior to burial, cramation, or removal, and in	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Local Place of INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work	nty) (State)
OR ATTENDING be retained IRECTOR: After 3 should be distributed with the S	21. I certify that (1) (this hospital) attended the deceased from 16- Aug., 1966, to 23-54, 1966 saw the deceased alive on 23 Sep. 1966, and that death occurred at 6.3 M, from the causes and on the	that M (we) las
be ed ved	J. C. Culls M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	ATE SIGNED
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Page 4 Page 4 O FUNI directed should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cou	
R	Durial 9-26-1966 Gardens of Faith Cemetery Baltimore, Co ADDRESS 3. 25a. REC'D BY REGISTRAR 25b.	
VR A15 (4)	Las and the transport of the Park Road DATE SEP 26 1000 mg	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12468 CERTIFICATE OF DEATH 0 death. requires that the death certificate be executed within 24 haurs after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY BALTIMORE BALTIMORE in and campletely filled in by the fur se remove carban papers. Pages 1 Id in any event, within 72 haurs after. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

CATON SVILLE c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? PARADISE NURSING HOME WILKENS AVENUE YES NO XX 4027 AND NAME OF Middle 4. DATE Lost Month Dov Year DECEASED WILHELM K.OR WILLIAM C. SCHUH DEATH (Type or print) SEPTEMBER 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Doys Hours MALE WHITE WIDOWED XX 3-27-XXXX 1878 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY GERMANY U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remave UNKNOWN UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 216-01-6989 MRS, HELEN E. WEISAND, 4027 WILKENS AVENUE 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c). INTERVAL RETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta far use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20f. (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 19-5/2 to 19.66, that (I) (we) last 19 66, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive on_ 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S EARL I. PASS NAME (Type) 4001 WILKENS AVENUE 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BIREMOVAL (Specify) 9-9-66 LOUDON PARK CEMETERY BALTIMORE MARYLAND 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles VR A15 (4) SEP 1966 HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution, Residence before edmission) a. COUNTY lirector. Page your files. rd of Health, b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) write RURAL and give naarest town) Fort Howard Baltimore 26 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Fort Howard Hospital 3205 Sun Street State YES NO 3. NAME OF Middle 4. DATE Month Dev DECEASED OF (Type or print) .TAMES SCHULTZ DEATH September 20 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours White Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 400 ER 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME CO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yee, no, or unkown) | (If yes give we rordetes of service) CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO Parathion Poisoning (by history) Conditions, if eny, which geve rise to immediata cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY PERFORMED? 8 NO pinous 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exposed to chemical Chief 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, 1 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Not While June 28,066 et work X at work Brooklyn Salvage Co. Md. Factory 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection | Inquiry and in my opinion forwarded 1 death resulted from: Accident X Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER lease execute should be for FUNERAL its designate SIGNATURE Rudiger Breitenecker DEPUTY MEDICAL EXAMINER 9/20/66 EXAMINER'S NAME (Type) Address (Street, city, town, or county 228. BURNET, OREMATION, 226. PATE THEREOF 22c. NAME OF CEMETERY CEMATORY 22d. LOCATOST (City, town, or country) (Stata) EOSS 940 6 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MAKELAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12470CERTIFICATE OF DEATH death by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY physician and campletely tilled in by ine iuine phase. Pages I et pages and in any event, within 72 hours after over, and in any event, within 72 hours after Baltimore Maryland Baltimore MARYLAND requires that the death certificate be executed within 24 haurs after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Roland Park Roland Park (Elkridge Estates) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? and campletely filled in 00 6005 Hunt Ridge Road Hunt Ridge Road YES NO 🚽 3. NAME OF First Middle Lost Doy Year DECEASED Richard J. Schulz 19 66 Sept. (Type or print) 19 DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** 78 vrs Months Dovs Hours WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Retired—CPA INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME Accounting 13. FATHER'S NAME or removd William A. Schulz Rehbein 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendir burial-transit permit. 216-34-9755 Mrs. Cordelia S. Schulz Same) burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) SUD AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Generalized arteriosclerosis: ASCVD Conditions, if ony, which gove ? vears rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar ta Chronic pulmonary emphysema, bilateral vears 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Not While nt work of work pe 21. I certify that (I) (this-hospital) attended the deceased fram 1/23/45 , ta 9/19/66 , 19 , that (I) (we) last . 19 and that death accurred at 10 PM, fram causes and an the date stated above saw the deceased_alive an_9/19/66 19 . 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** 9/20/66 M.D. page 3 22d. ADDRESS 22c. PHYSICIAN Edwin 11 E. Chase St. NAME (Type) Jarrett directar, shauld b 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Woodlawn Balto Co.
TRAR | 2Sb. REGISTRAR'S SIGNATURE Orraine Park Mausoleum WC

4905 York Road Balto 12 Md

VR A15 (4) 20 M 1/66 24 EUNERAL DIRECTOR

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Sons Co.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12471 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYLAND And in any event, within 72 haurs after filled in by the Pages 1 b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If Sutside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) TONSUILLE ONSUL e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ANDE YES NO 4 NAME OF Middle DATE remave carban Day Year campletely DECEASED OF 10 19 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Doys Hours DIVORCED WIDOWED pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Se during most of working life, even if retired) PRODUCE SALESMAS UCE 13. FATHER'S NAME 14 MOTHER'S MAIDEN ar remova hwa 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, na, ar unknawn) (If yes give war ar dates af service NONE burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), ond (c).)
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	15. (Ye.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. no. of unknown) (Ifyesgivewerordetesofservice)	Address	
ä		NO MR. MANUEL SCHWARTZ, 6 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	106 ROBIN HILL ROAD INTERVAL BETWE ONSET AND DEA	EN
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-		21. I certify that (I) (this hospital) attended the deceased from		
		22e. SIGNATURE ATTENDING ST	22b. D	ATE SIGNED
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		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	(State))
		BURIAL 9/27/66 AGUDAS ACHIM ANSHE SFARD BALT FUNERAL DIRECTOR'S SIGNATURE ADDRESS ACHIM ANSHE SFARD BALT	TMORE MARY LAND 256. REGISTRAR'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, If institution: Residence before admission) e. COUNT b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 rete fimils, write RURAL and give nearest town) give nearest town) e. IS RESIDENCE YES Stat 3. NAME OF Middle DECEASED (Type or print) OR RACE 7. MARRIED NEVER MARRIED AGE (IN yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED 10a. USUAL OCCUPATION (Qive kind of work 12. CITIZENO WHAT COUNTRY? done during no HOME EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. nkown) | (If yes give wer or deles of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. besn ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 12. WAS AUTOPSY CERTIFICATION cremat pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enler nature of injury in Part or Petral of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. Chief age 3 MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) -(County) (State) factory, street, office bldg., etc.) While Hour a.m. et work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry and in my opinion Undetermined manner death resulted from Homicide CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL 1 SIGNATURE ASS DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) Parkville, Balto.Co., Md. 1966 Moreland Mem. Park ö 540 Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS VS. A15ME H.W. Jenkins & Sons Co. Road 5M 7/59

Balturare thankad Balto 3404 Oakligh Pd 8408 Oakleigh Rd ANNOBEZ N SEITZ LIPL & LE From W. Colors 11 Acres Allen Albert Seitz (Hub) 8408 Cabligh Corebrovas cular Occhum sidei ations close to a disconsisted Discourse to a my Previous Vascular orchising when if legins hypothysed x 3/2/6 FRANK T KASIK, JEET . Note that the state of the st The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12474 requires that the death certificate be executed within 24 hours after death. campletely filled in by the funeral USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Baltimore a. STATE h. COUNTY MARYLAND Maryland Baltimore c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Baltimore 21221 ve carban papers. P event, within 72 hou FOWSON d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph's Hospital 198 Langley Road NO T YES 3 NAME OF Middle Last 4. DATE Month Day Year remove carban DECEASED Kimberly Ann SHAFFER DEATH September 9. AGE (In year B. DATE OF BIRTH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Haurs 6 last birthday) Manths Doys 9-28966 female white and in any WIDOWED DIVORCED IDa. USUAL OCCUPATION (Give kind af work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? **INDUSTRY** physican o Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Shaffer, Lee Howard, 3rd. Rhoades, Diane C. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same Lee H. Shaffer, 3rd None No crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Anencephaly IMMEDIATE CAUSE (a) DUE TO signed t Conditions, if any, which gave rise to immediate cause (o), DUE TO use as the lath priar tab stoting the underlying cause the haspital or attending this certificate has been detached far use as the PHYSICIAN: The law last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION far use Health YES XX NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or tawn) (County) 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) Haur a.m. Not While at work at wark TO FUNERAL DIRECTOR: After TO HOSPITAL OR ATTENDIN Page 4 may be retained by 21. 1 certify that (4) (this haspital) attended the deceased fram Sept. 28, 1966, to Sept 28, 1966that (4) (we) last Sept 28 19 66, and that death accurred at 5:10 ph fram causes and an the date stated abave. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 9/29/66 M.D. directar, page 3 shauld be filed PHYS 22d. ADDRESS 22c PHYSICIAN'S 7620 York Rd., Baltimore, Md. 21204 Lawrence F. Misanik, M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 23o. BURIAL CREMATION. BREMOVAL (Specify) Howard Co., Maryland 10/3/66 Meadowridge Memorial Pk. danne ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home 1407 Eastern Ave. Marley 1966 Brazdzinski DATE

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PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please bept, of Health prior to burial, cremation, or removal, and is		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ING PHYSICIA d by the hospi After this cert i be detached State Dept. of		
DING PH ed by th After ti Id be de e State		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. (City or town) (County) (County) 20g. (City or town) (County) (County) 20g. (City or town) (County) (County) (County) 20g. (City or town) (County) (County) (County) (County) 20g. (City or town) (County) (
NDIN ned I R: Af		21. I certify that (I) (this hospital) ettended the deceased from Comp. 19 66, to 500, 19 66, that (I) (we) last
L OR ATTENDI 3y be retained 5. DIRECTOR: A page 3 should filed with the S		saw the deceased alive pn
AL OR DAY be page page filed y		M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, createned for the prior to burial	1	1 Semmi). 220 ADDRESS 1 ON MAME (Type) y H. Semmi).
HOS Page FUN FUN firect		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(FONERAL DIRECTOR ADDRESS 125a. REGISTRAR'S SIGNATURE
VR A15 (4)	(Lacal Hartenstein Hour Firsedom, Var. DATE SEP 13 1966 Scharles Jusque
15M 4-64	1	Mary Mary Mary Mary Mary Mary Mary Mary

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funerol PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore Baltimore 8 Yrs. Ē d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) 4002 Belview Ave. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Bloomsbury Retreat Nursing Home 200/Bloomsbury Ave. YES NO 3. NAME OF First Lost 4. DATE Month Doy Year DECEASED Sarah S. (Type or print) Shipley DEATH September 9 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED **NEVER MARRIED** Months Hours Female White March 10 1872 WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **COUNTRY?** INDUSTRY Cockeysville Maryland U.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME George Hubbard Mary Jones cremation, or rem WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 214-54-7926T Mr. Lloyd M. Shipley 9 Fairfield Dr. #28 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the hospitol or attending physician. **DUE TO** burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) tached for use of Dept. of Health p YES T NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) det Not While ot work ot work 1966 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram be retained A.M. from tauses and on the date stated above. saw the deceased olive on, 66 and that death occurred at 25 22o. SIGNATURE 22b. DATE SJONED ATTENDING DIRECTOR M.D. PHYS 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should b 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 9/12/66 Ashland Cemetery Baltimore County Md.
EGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR VR A15 (4) 1966 20 M 1/66 Wm. Cook-Brooks Towson 1050 York Rd. 21204

4.4 THE RESERVE OF STREET The state of the s The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore Maryland MARYLAND Baltimore CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours hours Glenarm, Maryland 9 months Baltimore, md. = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ed ON A FARM? Glenarm Road Villa Maria Rest Home YES X NO etely withIn completely ve carbon NAME OF First Middle Last 4. DATE Month Day Year DECEASED event, 9 1966 15 Sister Mary Oswin (Mary Simon (Type or print) DEATH executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH remove 7. MARRIED NEVER MARRIED X and female white WIDOWED [DIVORCED [7 -10 -1898 68 = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician n please r val, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? teacher Baltimore. U.S.A Maryland removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pu ermit. Then Joseph Simon Anna Peterson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address the attend 5 (Yes, no, or unkown) (If yes give war or dates of service) death -3328cremation, no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). that the ONSET AND DEATH I-transi à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed been signed the burial-tr DUF TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. FICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate ND F YES [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this certification of the detached for t OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 120e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) det factory, street, office bldg., etc.) Hour a.m. Not While After p.m. 19 at work at work 0 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last 1966 DIRECTOR: shoul and that death occurred at 530 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED m ≥ ATTENDING PHYS. DIRECTOR PHYS. pa E O HOSPITAL 22d. ADDRESS FUNERAL PHYSICIAN'S director, p NAME (Type) HENRY L. Mª CORKLE NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. 23d. LOCATION (City, town or county) REMOVAL (Specify) EMPTER SURIAS ADDRESS REC'D REGISTRAR FUNERAL DIRECTOR CETT VR A15 (4) DATE 20M 1/65

Angelean and Angelean Company of the The second of the second off the late 15 to 10 and the second of the The transfer of the thirty of the second of Boundagion Covernorally will a mile hour The many balled artistically NEWS LIME CORNECT MAN - PROGNING PRINCIPAL THE CALL PROPERTY OF THE PARTY OF THE PARTY. The state of the second of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12478 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAFE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b COUNTY delay is and 3 ta A3. Page death. Balto. MARYLANO Maryland Owings MIls
c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Towson Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

TOWSON CLENGTH OF STAY IN 16 and after Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ACCRESS e. IS RESIDENCE ON A FARM? hours Office alang with farm with the State E within 72 hour Item 18. Give Pages YES NO [Greenspring Ave. & Dover St. Joseph Hospital after death. 3. NAME OF tast 4. DATE Doy Year DECEASED (Type or print) Alfred DEATH IF UNOER I YEAR 19 66 IF UNOER 24 HRS. Resse Smith with S. SEX OATE OF BIRTH AGE (In years 6. COLOR OR RACE NEVER MARRIEO lost birthdoy) Months Ooys Hours WIDOWED OLVORCED 24 haurs and 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired Retired from Swift Meat COUNTRY Boston Mass. Aub 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME pencil be executed within Juliette Besse William F. Smith File and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17 INFORMANT Address rd "pending" ir Chief Medical I permit. remaya 215-07-0LLOA Owings Mills, Md. Mrs. Adella Q. Smith No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY O IMMEDIATE CAUSE (o This certificate shauld writing the ward crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), OUE TO stoting the underlying couse 0 should be farwarded OS lost. burial, used (PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? please execute the certificate, YES NO p pe 20g. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Port 1 or Port 11 af item 18.) agent, priar 3 shauld PRIMARY CONTRIBUTING TAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work at work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 2 Inquiry (ond in my opinion or deoth resulted from: Homicide the funeral director. Noturol causes Accident Suicide [2] Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) 0 REMOVAL (Specify) Pikesville, Md. Sept. 22, 1966 Druid Ridge Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Miland J. F. Eline & Sons Reisterstown. Md. 1966 OATE 6M 1/66

ETASI - Characteristic School of Control of A PLANTAGE OF THE STREET Ealth Late ออดสะคอร์บดย์-Derende to about the catholities of about soft filter in the contract of the contr d. r. Wilde L South Augstest, d.

FOR STATE

HEALTH DEP

TO DEPUTY SICAL EXAMINER: This certificate should be executed within 24 hours after death. If any y is necessary, please execut certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fit director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event with 72 hours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12474

. 11:									
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare daceased lived, If institution: Residence before admission)							
	BALTIMORE MARYLAND	a. STATE MARY LAND							
ľ	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)							
	write RURAL and give nearest town) BALTIMORE	BALTIMORE 03-1							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS I e. IS RESIDENCE							
5		ON A FARM?							
	BALTIMORE COUNTY GENERAL HOSPITAL 3. MARKE OF Middle	5505 NORTHGREEN ROAD YES NO							
Н	DECEASED	OF CONTRACTOR (
	ANNA	DEATHSEPTEMBER 6, 19 66							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, lest birthdey) Months Days Hours Min.							
	FEMALE WHITE WIDOWED DIVORCED	85 yrs.							
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	HOUSEWIFE AT HOME	LITHUANIA USA							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	UNKNOWN ?	MIRIAM ?							
		INFORMANT Address							
		S. PEARL MYROWITZ, 5505 NORTHGREEN ROAD							
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).)	I INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Candiac arises	ONSET AND DEATH							
		t following myocardial l hr. infarction							
	Conditions, if any, which	otio C V Discord							
	geva rise to immediate ceusa	octo c.v. Disease yrs.							
	(a), stating the underlying DUE TO								
	cause last. (c)	OT BELLETE TO THE TRANSPORT OF THE PROPERTY OF							
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
1	<u> </u>	YES NO X							
- 1	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of Itam 18.)							
		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)							
	Hour a.m. While Not Whila at work at work	iory, shear, office blugs, etc.)							
	21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry , and in my opinion							
1		cide , Homicide , Undetermined manner							
		CHIEF MEDICAL EXAMINER							
	ACTUAL Moth E. Strong	ACTUAL DOWN S STORY OF THE STOR							
	SIGNATURE DEPUTY MEDICAL EXAMINER 9-7-66								
-	EXAMINER'S Martin E. Strobel, M.D.	Address Brook Mr. i. Mr. Stuer eisterstown, Md.							
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	PR CREMATORY 22d. LOCATION (City, town, or country) (Slete)							
		CONG BALTIMORE, MARYLAND							
1	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
	SOL LEVINSON & BROS. INC., 6010 REISTER	ESTOWN DATE SEP 8 1966 Scharles Judge							
)	The state of the s								

and the second MES. FEARL WITH ITZ, 5505 HOLTHORETH TRAD with 3 mill BUREAU STREET TELLOR CONG . PAITLINGE , MASILAND SOT LEPT MON' A PROS. INC., SOLD PETSTERSTALT LAND SELF S. TUGO. MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12475

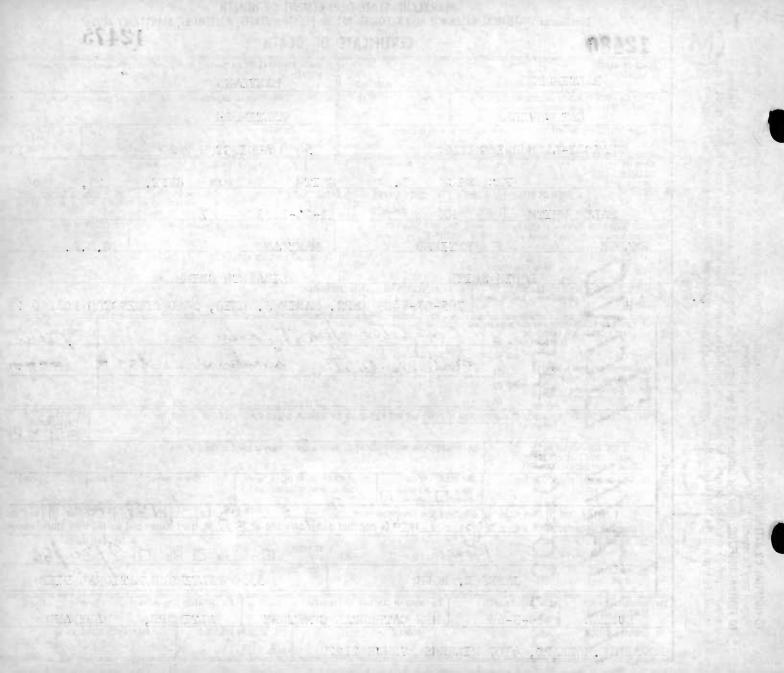
12480

CERTIFICATE OF DEATH

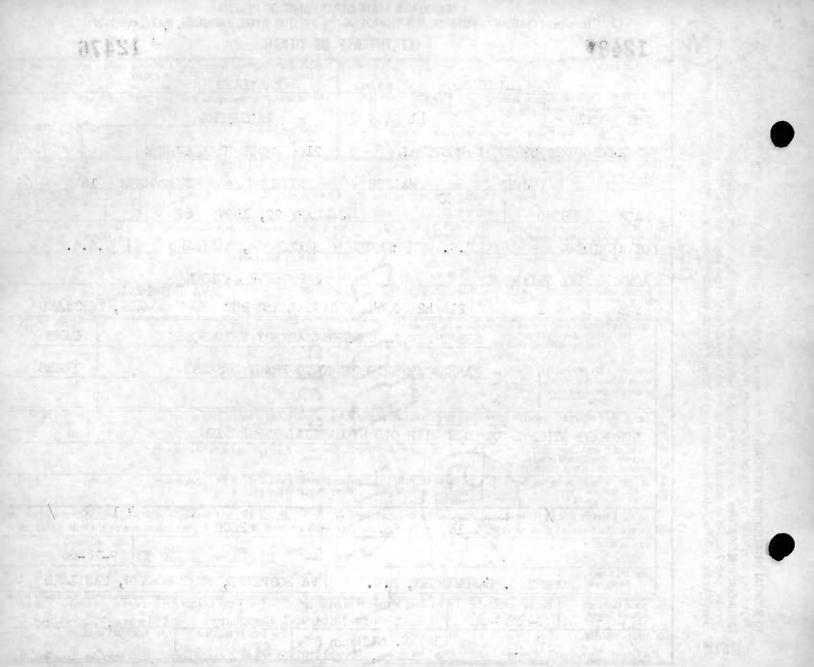
		PLACE OF DEATH O. COUNTY DATE	T'IMORE		n STATE	b COLL	ion: Residence before odmission)			
				MARYLAND	MARY	Dist. and I				
	,	b. CITY OR TOWN (If au write RURAL and giv		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) BALT TMORE					
	-		R INSTITUTION (If not in hospite	al, give street address)	d. STREET ADDRESS e. IS RESIDENCE					
0			I-LA NURSING H		5480 ADDINGTON ROAD ON A FARM? YES \(\sum \) NO XX					
		NAME OF	First	Middle	Last	4. DATE Mont	h Day Year			
		DECEASED (Type or print)	FREDER	ICK L.	SMITH DEATH SEPT. 29. 19 66					
	S. :	SEX 6.	COLOR OR RACE 7. MARRII		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.			
		MALE	WHITE WIDOW	DIVORCED D	11-24-1891	last birthdoy) 74 yrs.	Months Days Haurs Min.			
		. USUAL OCCUPATION (Giving most of warking life,		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?			
		WELDER		ETIRED	MARYLAND		U.S.A.			
-	13.	FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME				
1			LOUIS SMI			BETH GRIMM				
	15.	WAS DECEASED EVER IN	or give were or dates of convice)		INFORMANT	Addre				
-	(16	NO NO	es give wor or dures or service,	705-07-6429 MR	S. MARIE J.	REID, 5480 AD	DINGTON ROAD # 29			
		1B. CAUSE OF DEATH PART I. DEATH W	(Enter only ane couse per line /AS CAUSED BY: IMMEDIATE CAUSE (a)	far (a), (b), and (c).	heart for	ilure	INTERVAL BETWEEN ONSET AND DEATH			
		4221 DUE TO								
		Conditions, if any, which gave rise to immediate cause (a), (b) Christelenolie carshovaseular. (b)								
		stating the underlying cause DUE TO								
		last.	(c)							
	CERTIFICATION	PART II. OTHER SIGNIF	ICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES \ NO \			
	FEC	20o. ACCIDENT WAS UN		DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part 11 of item 18.)				
		OR CONTRIBUTING (IF EITHER, NOTIFY MED								
	MEDICAL	20c. TIME OF INJURY Haur a.m. p.m.	W		ACE OF INJURY (Home, form tary, street, affice bldg., etc.)		(County) (State)			
				ended the deceased fram_		1966, to syst.	47, 1966; that (I) (we) last and an the date stated abave.			
		saw the dece	sed alive an Sup	1 - 19 - 6 and the	at death, accorded at	6/12 m, train couses				
		22a. SIGNATURE	nes E. Ro	we N	M.D. ATTENDING MED. STAFF 225 DATE SIGNED 166					
		22c. PHYSICIAN'S NAME (Type)	JAMES E	. ROWE	22d. ADDRESS 5.5	550 BALTIMORE	NATIONAL PIKE			
1	23a	. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (Caunty) (State)			
1		REMOVAL (Specify)	10-3-66	NEW CATHEDRA	L CEMETERY	BALTIMORE,	MARYI AN D			
	24	. FUNERAL DIRECTOR		ADDRESS	2So. REC'I		GISTRAR'S SIGNATURE			
	U	OLIA DD II IIII	דונו לוחל אום	TUENC AVENUE 21	220 DATE	3 CT 3 1966	Marles Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, crematian, or semaval, and in any event, within 72 haurs after dept.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12481 within 24 haurs after death attending physician and campletely filled in by the funeral bermit. Then please remove carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) dear 1. PLACE OF DEATH o. COUNTY b. COUNTY o. STATE BALTIMORE MARYLAND b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DE STAY IN 16 c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) 11 DAYS FORT HOWARD BATTTMORE d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 VETERANS ADMINISTRATION HOSPITAL. 2108 No X DRUID HILL AVENUE YES 3. NAME OF Middle 4. DATE First Lost Month Dov Year DECEASED (Type or print) JOHN. WATTER SMITH SEPTEMBER 19 DEATH requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR DR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Doys WIDOWED DIVORCED JANUARY 22, 1898 NEGRO MATE 10o, USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? BALTIMORE, MARYLAND POSTAL CLERK COVERNMENT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, JOHN WESTEY SMITH JOSEPHINE JACKSON VA HOS ROBAT. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) or 218 42 80 64 CLINICAL RECORDS FORT HOWARD, MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSATUAND DEATH PART I. DEATH WAS CAUSED BY RIGHT MIDDLE CEREBRAL ARTERY THROMBOSIS IMMEDIATE CAUSE (o) DUE TO YEARS Conditions, if ony, which gove MARKED ARTERIOSCLEROTIC HEART DISEASE rise to immediate couse (o), DUE TO as the priar tal stoting the underlying couse be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? af Health CORONARY ATHEROSCIEROSIS WITH OLD MYOCARDIAL INFARCTION YES X NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this hospital) attended the deceased from AUGUST 8 , 19 66, to SEPTEMBER, 18 60 that (1) (we) last saw the deceased alive an SEPT 18 19 66, and that death occurred at 200P M, fram causes and on the date stated above 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. 9-18-66 directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. ADDRESS 22c PHYSICIAN'S L. HANDWERGER, M.D. HOSPITAL, FORT HOWARD, MARYLAND NAME (Type) ROBERT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 9-22 -66 Baltimore National Cemetery Baltimore, Maryland Burial 1348 N. Calhoun St 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATISEP 20 M 1/66 Baltimore. Maryland Kelson Funeral Home



1	1	Division of STATIST				PARTMENT OF HEA W. PRESTON STREE	ALTH T, BALTIMORE, MARYI	AND 21201
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OR AT be reta DIRECT Be 3 sh led with	/	PEZO. SIGNATURE	-//9	lud	gano		AED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
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W		Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
FOR STATE		12483 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	70
HEALTH DEPT	1.	PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE b. COUNTY	e before admission)
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		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEU (UON 1) A	ONSET AND DEATH
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ote shauld g the word ed to the C s o burial-tr cremation,		Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave the cause (a), DUE TO	
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MIN the 4 sh ur fill gent	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 20d. INJURY OCCURRED While Nat While atwark atwark atwark atwark	nty) (State)
L EX cecute Poge for yo NR: Pa		21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my opinio
tor.		death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined monner	
Meckal Examplease execute the director. Page 4 retained for your DIRECTOR: Page 1s designated age		ACTUAL C C C C C C C C C C C C C C C C C C C	22. DATE SIGNE
ny, perol be re		SIGNATURE ALL MAD. ASSISTANT MEDICAL EXAMINER AS	200-
necessary, please extended function. 5 may be retained for FUNERAL DIRECTOR. Health or its designed.		NAME (Type) E DRUND RASALTIS, MID Address (Street, city, town, or county)	66 our
TO TO F	230	DEMOVIAL (C (C.)	Caunty) (State)
~	24	REMOVAL (Specify) 9-17-66 Pavids onville Church Com-Davids onvill 4. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 250. REGISTRAR'S SIGNERAL	GNATURE
VR A15ME (5)		witzke F. D4101 Edmondson Lv.	ver judge

MARYLAND STATE DEPARTMENT OF HEALTH

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23		1 .	1	No.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	4	でいる			12484 CERTIFICATE OF DEATH 12479
	executed within 24 hours after death	the funeral ges 1 and 2 after death.		1.	PLACE DF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE b. COUNTY MARYLAND
	aft	ges 1 after			b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits write RURAL and give nearest fown
	ULS	filled in by apers. Pag			write AURAL and give nearest town) Wood aura Baltimore 30-4
	원	filled i apers. in 72 h			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	1 24	ap III	00		Social Security Building 5810 Cedonia Ave ON A FARM?
	thin	ysician and completely please remove carbon I, and in any event, with		3.	NAME DF First Middle Last 4. DATE Month Day Year
	*	nple carl			(Type or print) Jerome J. Snier DEATH Sept. 23 19 66
	utec	o e e			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR: Months Days Hours Min.
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	e r	physician n please val, and in			Laim (ept. Social Security Pa. U.S.A.
/	ertificate be	on de le		13.	FATHER'S NAME John Snier 14. MOTHER'S MAIDEN NAME Many Shadwick
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		attending phermit. Then on, or removal		(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unknown) (If yes give war or dates of service)
	dead	perrion,		_	Yes WII 179-14-1864 Katherine Snier - 5810 Cedonia Ave21206
	requires that the death	y th sit mat			18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: ONSET AND DEATH
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	s th	igne rial- rial,	73		Conditions, If any, which) DUE TO Commercy Orthogo descrice
	uire	s us		-31	gave rise to immediate
	red	the or to		2	cause (a), stating the DUE TO underlying cause last.
	aw ttott	has as pri		8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	The law	ate use alth	0	CATI	PERFORMED? YES NO
	Z S	For ities		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
	PHYSICIAN:	the nospital of attending priyacian, this certificate has been signed by detached for use as the burial-trans. Dept. of Health prior to burial, cre-		CER.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	HYS	his tac Dep		AL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
		e de ate		MEDICAL	Hour a.m. p.m. While at work at work
	OR ATTENDING	Aft		Z	21. I certify that (I) (this hospital) attended the deceased from 3, 1958, to deg 9-23, 1966, that (I) (we) last
THE P	TEN	th th			saw the deceased alive on 19 6 k, and that death occurred at 1930 M, from the causes and on the date stated above
	AT	With			22a. SIGNATURE 22b., DATE SIGNED
	9.4	DIR			M.D. ATTENDING MED. STAFF PHYS. Apr. 26,1966
	SPITAL	NERAL NERAL tor, pe	1		22c. PHYSICIAN'S NAME (Type) ADAW 6. SWISS 22d. ADDRESS 6>32 Pollair Lord. Ballo, Ind. 21206
	TO HOSPITAL (rage 4 may be retained by the hospital of attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attent director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r		238	Burial, Cremation, 23b. Date Thereof Balto. Name of CEMETERY OR CREMATORY Balto. Na. (State)
		3 3	0	24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		A15 (4)	M		John C. Miller Inc-0415 Belair Rd -21205 DATE SEP 28 1956 Miller Judge
	201	M 1/65	1	J	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. and 2 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Pages 1 urs after DKC MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b by write RURAL and give, nearest town) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) within NO 🔼 YES The law requires that the death certificate be executed within attending physician and completely rmit. Then please Tenove carbon p., or removal, and it, any event, withi NAME OF DATE Month Day Year Middie 4. Last DECEASED OF (Type or print) DEATH 19 d ACE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR DATE OF BIRTH 7. MARRIED NEVER MARRIED Hours Months Days WIDOWED K DIVORCED **YIS** 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR HPLACE (County & State, or foreign country) COUNTRY? during most of working life, even If retired) 40 CLUUVIK 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. n signed by the attence burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) 214-54-1586 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) peen gave rise to immediate 書品 DUF TO cause (a), stating the prior underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) CERTIFICATION for use Health use PERFORMED? certificate the hospital or YES NO W PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING of OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL | 20e. PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work retained 1952, to . that (I) (we) last should 21. I certify that (I) (this hospital) attended the deceased from the DIRECTOR: age 3 should lied with the 19 6 6, and that death occurred at 154 M. from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22b. SIGNATURE 22a. ATTENDING PHYS. page M.D. DIRECTOR PHYS HOSPITAL 22d. ADDRESS TO FUNERAL PHYSICIAN'S director, p NAME (Type) (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. 230 REMOVAL (Specify) REGISTRAR'S SIGNATURE REC'D BY RECISTRAR 250. **ADDRESS FUNERAL DIRECTOR** bb VR AI5 (4) DATE 20M 1/65

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death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ng physician and campletely filled in by the funeral within 72 haurs after FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

and in any event,

burial, crematian, ar removal. the attending permit

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TO FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the haspital ar attending physician.

directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to

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MARYLAND STATE-DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16200	CERTIFICATI	12481		
PLACE OF DEATH o. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceosed o. STATE MARYLAND	lived, if institution: Residence before odmissi b. COUNTY	
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) FORT HOWARD	c. LENGTH OF STAY IN 15 46 DAYS	c. CITY OR TOWN (If autside carparate I	imits, write RURAL and give nearest tawn)	

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) VETERANS ADMINISTRATION HOSPITAL				d. STREET ADDRESS 25 BISHOPS LANE						e. IS RESID ON A FA		
3. NAME OF DECEASED (Type or print)		irst	Middle S		lost SNYDER	4. D	ATE	Mon SEPTEM		Doy 24	Yeo	
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIE WIDOWE		X	8. DATE OF BIRTH AUGUST 27,	1891		AGE (In years lost birthdoy) 75 yrs.	IF UNDER Months	1 YEAR Doys	Hours Hours	Min.
10o. USUAL OCCUPAT during most of work PLASTER	ION (Give kind of work done ing life, even if retired)	10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Cour			reign country) MARYLAN	((TIZEN OF)	
13. FATHER'S NAME				V	14. MOTHER'S MAIDE ELLA RABI							
	EVER IN U.S. ARMED FORCES? n) (If yes give war or dates of WW-1.)	of service)	6. SOCIAL SECURITY NO. 214 54 8468		INFORMANT	VAH,	F	Addr P. HOWAR		RYLA	ND	
	DEATH (Enter only one cou EATH WAS CAUSED BY: IMMEDIATE CAUSE		for (o), (b), ond (c).) RESPIRATORY	FA	AILURE						ERVAL BET	

100X DUE TO MONTHS Conditions, if ony, which gove CARCINOMA OF LUNG rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO A 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 1966, that (A) Sept.

21. I certify that (*) (this haspital) attended the deceased fram Aug. saw the deceased glive an Sept. 24, 1966, and that deat p. M, fram causes and an the date stated above. and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING 9-25-66 M.D. PHYS. DIRECTOR

224 ADDRESS

	NAME (Type)	ZUI-SUN TAO		VA	HOSPITAL,	FORT	HOWARD,	MARYL	ND
230	BURIAL CREMATION.	23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMA	ATORY	23d. L	OCATION (Ci	ty or Town)	(County)	(S

24. FUNERAL DIRECTOR **ADDRESS** WM COOK * BROOKS

BALTIMORE. PRESTON.

2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP

MARYTAND

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VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 per telephone 12487 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay 15 o. COUNTY n STATE Page 40 UL) S. / Navy (ACITULE **Baltimore** MARYLAND deat Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 ond write RURAL and give nearest town) ofter Cockevsville Cockevsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours Office alang with form Scene ON A FARM? State in Item 18. Give Pages YES 🗌 NO 24 hours after deoth. 3. NAME OF Middle 4. DATE Month Doy Year 72 DECEASED ROGER September 24 within SNYDER 19 66 (Type or print) L. DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours March 18, 1948 WIDOWED DIVORCED 18 yrs. White Male 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) U.S.A. INDUSTRY Baltimore, Maryland d 'pending'' in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Patrick Snyder Mary Snyder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
Yes Present or removol, 216-48-1966 Mrs. Mary Schmidt Box 15 Cockysville Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple Traumatic Injuries IMMEDIATE CAUSE (a) writing the word cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying cause used as burial, a 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate. NO K 0 2Do. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Passenger should agent, prior CAUSE OF DEATH Auto-fixed object accident Struck guard post, then tree MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Day, Yeor Hour o.m. 9/23or24 66 factory, street, office bldg., etc.)
Street Not While FUNERAL DIRECTOR: Poge at work Md. Baltimore at work designated 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection X Inquiry | and in my opinian director. deoth resulted frame Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER Rudiger Breitenecker, M.D. 9/24/66 **EXAMINER'S** Heolth (Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF COMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 PENOVAL (Specify) 9/27/66 St Joseph"s Texas Cemetery Texas, Maryland 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Wm. Cook-Brooks Towson 1050 York Rd. 21204 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. funeral and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY B. STATE b. COUNTY Baltimore MARYLAND Baltimore Md by the b. CITY DR TDWN (if outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours = Rural-Baltimore Rural Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? within 244 Blenheim Rd. 244 Blenheim Rd NO X YES completely ve carbon p executed within NAME DE First Middle DATE Month Last Year Day DECEASED remove carb 9 19 66 DEATH (Type or print) MARTHA SOUTH F. 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours and Female Cau 11/23/77 WIDDWED X DIVORCED 5 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) log physician Then please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland USA Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Bates Martha Akehurst attendi 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Balt. Co. ned by the attendal-il-transit permit. death (Yes, no, or unkown) (If yes give war or dates of service) Alice E. Cauffman 244 Blenheim Rd. Md. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. n signed b burial-trar burial, cre IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which gave rise to Immediate the tr DUF TO cause (a), stating the as th underlying cause last. WAS AUTDPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION hed for use t. of Health p PERFORMED? NO T 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HDW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) etached i Dept. of (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m. Not While at work at work 19 retained 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive pn and that death occurred at 22a. SIGNATURE 22b. ATTENDING M.D. PHYS. DIRECTOR PHYS. ADDRESS PHYSICIAN'S 22d. 22c. director, p NAME (Type) BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify)
Burial 9/5/66 Baltimore, Md. Mt. Olivet REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Wm. Cook-Brooks Inc. Baltimore, Md. 21202 VR AI5 (4) 20M 1/65

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FOR STAT	E		12489 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Page .	No.)	PLACE OF DEATH a. COUNTY BALTIMOR: MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MD b. COUNTY BATTIMOR
ctor. our fi			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
dire dire or y epar			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddross) d. STREET ADDRESS 1. IS RESIDENCE
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death. nd 3 to may be with		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. I Hours Min. Months Days Hours Min.
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24 hours a Pages M3. Pa pages 1			Assembler Murray Corparation Carney Maryland U.S.A.
within Give		15. (Ya	William Fergerson WAS DECEASED EYER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Address Address
P			No 214-12-4717 r William Southard 9025 Simms Avenue 21234
e execucial in along transit emova			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM IMMEDIATE CAUSE (a) PULMONARY EMBOLISM
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NER: ing the ief Me 3 sho			PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
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rtifica ed to CTO			21. I certify that I took charge of the remaine described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
EDIC.			death resulted from: Natural causes , Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .
AL I			ACTUAL SIGNATURE VILLENIES M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
DEPUT ease exe should b FUNER ealth or	2		EXAMINER'S WILLIAM A, PILLS BIR Address (Street, city, town, or county)
Do D		22e.	BURIAL, CREMATION, REMOVAL (Spacify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
VR A15ME	8	23.	FUNERAL DIRECTOR Parkwood Cemetery Baltimore, Maryland ADDRESS (2/2) 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 1/62	12	I	assalm June 140/ Belan Road DATE SEP 7 1866 Icharles Judge.

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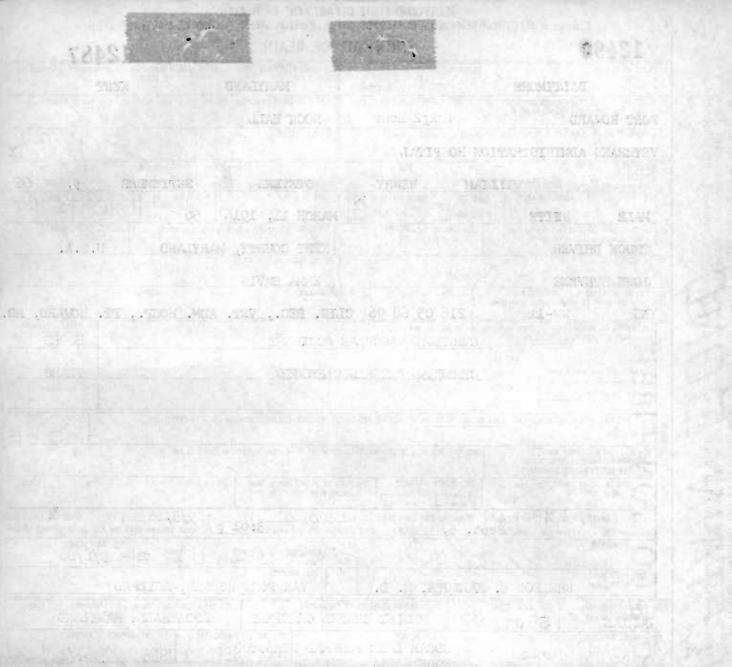
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2490 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and completely filled in by the funeral remove corbon papers. Pages 1 and in ony event, within 72 hours after deaf PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write_RURAL, and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) NURSING YES NO T DATE 3. NAME OF Middle Day Year First DECEASED UGUS 19 DEATH (Type ar print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Manths Davs Haurs WIDOWED DIVORCED ond in ony 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? the ottending physical sit permit. Then predse during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME ar removol, 17. INFORMANT 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no. or unknown) (If yes give wor or dotes af service) cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by be retained by the hospitol or ottending physician. DUE TO buriol, Arteriosclerotic Canditians, if ony, which gove rise to immediate couse (o), DUE TO tor use as the t f Heolth prior to b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) HemiplEGIA YES [NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II af item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. 20e. PLACE OF INJURY (Home, form, (City ar tawn) 20c. TIME OF INJURY Month, Doy, Year (Caunty) (Stote) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Nat While OR ATTENDING ot work pe 2- 20-, 1965, to 9-9-19 66, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from_ 3 should be with the S 9-9-1966, and that death occurred at 50P M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR 66 M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S CAUERO 8629 beri NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR FREPERICK 1966 VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12491 CERTIFICATE OF DEATH certificate be executed within 24 hours after death deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a STATE b. COUNTY BALTIMORE MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD, MARYTAND 2 DAYS BALTIMORE 19 and in ony event, within 72 ho .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled VETERANS ADMINISTRATION HOSPITAL 7310 HUGHES AVENUE NO X 3. NAME OF First Middle Last DATE Manth Day Yeor DECEASED MARTIN 66 (Type or print) MATTHEW STEFFEN -SEPTEMBER 2 DEATH 19 DATE OF BITHPL UCINS (7) AGE (In years last birthday) IF UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Haurs FEB. 15, 1930 WIDOWED WHITE DIVORCED MALE IDa. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired)
PAINTER-HELPER INDUSTRY U.S.A. BATTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE STEFFEN AGNES POLCYNISKI 17. INFORMANT requires that the death WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, ng. ar unknown) (If yes give wor or dotes of service) cremotion, or 212 26 98 46 CLIN. REC., VET. ADM. HOSP., FT. HOWARD, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-tronsit PART I. DEATH WAS CAUSED BY ECHENTAND DEATH GASTROINTESTINAL HEMORRHAGE IMMEDIATE CAUSE (o) **DUE TO** burial, ACUTE LIVER FAILURE RECENT Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse be detoched for use as re State Dept. of Health prior to hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 'O FUNERAL DIRECTOR: After this certificate 2Do. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Haur o.m. factory, street, affice bldg., etc.) Nat While at wark at work Sept. 2 19 Oothot (1) (we) last 21. I certify that (N (this hospital) ottended the deceased from August 31 saw the deceased olive on Sept. 2 1966, and that death accurate 1966 to director, page 3 should should be filed with the , and that death accurred th a. M. from couses and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S WAME (Type) VET. ADM. HOSP., FT. HOWARD, MD. JOHN D. TALBERT, M. D. direct 23g. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) ST. STANISLAUS CEMETERY BALTIMORE, MD. 24. FUNERAL DIRECTOR ZEILER FUNERAL HO REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Ocharles Jus 1966 EASTERN AVE. BALTIMOREDATEMD

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12492 executed within 24 hours ofter death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY o. STATE BALTIMORE MARYLAND within 72 hours ofter MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hour FORT HOWARD ROCK HALL ond completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL YES NO 3. NAME OF First Middle Last 4 DATE Manth Doy Year DECEASED WILLIAM HENRY STEVENS 66 DEATH SEPTEMBER (Type ar print) AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X B. DATE OF BIRTH NEVER MARRIED last birthday) Manths Doys Haurs WIDOWED MARCH 11, 1916 MALE WHITTE DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) certificote be COUNTRY? during mast of warking life, even if retired) INDUSTRY ottending physicion TRUCK DRIVER KENT COUNTY, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN STEVENS EMMA DAVIS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address requires that the death 216 05 68 96 YES WW-11 CLIN. REC., VET. ADM. HOSP., FT. HOWARD. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY: CEREBRAL VASCULAR ACCIDENT IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave CEREBRAL ARTERIOSCLEROSIS YEARS rise ta immediate cause (a). DUF TO stoting the underlying couse Poge 4 may be retained by the hospitol or attending as the lost. 19. WAS AUTOPSY PERFORMED? After this certificate hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION for use Dept. of Health NO YES | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. factory, street, office bldg., etc.) Not While 19 at wark 21. I certify that (% (this haspital) attended the deceased fram ta 9/5/66 19___, that (We) last FUNERAL DIRECTOR: saw the deceased alive an Sept. 5. 1986, and that death accurred 3: 01 P. M. fram causes and an the date stated above. 22b. DATE SIGNED 9/6/66 22a. SIGNATUR **ATTENDING** DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) SHELDON E. KALMUTZ. M. VAH FORT HOWARD, MARYLAND D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) BUR LAL (Specify) WESLEY CHAPEL CEMETERY ROCK HALL, MARYLAND SEPT. 0 ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR EDGAR LANE FUNERAL IRECTOR



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12494 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Baltimore o. COUNTY 2, and 3 to PM3. Page o. STATE o death. Baltimore Maryland MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 27 Yrs. after Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours in Item 18. Give Pages 1, r's Office alang with form State 84 Kinship Rd. 84 Kinship Road YES 🗍 NO SC 24 haurs after death. 3. NAME OF 72 First Middle 4 DATE Month Dov Year DECEASED the Stone within Anna September 6 (Type or print) 19 66 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED birthdoy) Female White WIDOWED DIVORCED Mar. 7. 1900 event 0 and ? 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDIISTRY COUNTRY? Maryland d "pending" in pencil in Chief Medical Examiner's U. S. A. pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Thomas Manning Martha Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) ar remayal. 213-09-1016B James L. Stone 8h Kinship Rd. Dundalk, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (of (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) s a burial-tra crematian, (This certificate shauld e, writing the ward forwarded to the Ch DHE TO Canditians, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying cause used as burial, a SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PART 1(a) WAS AUTOPSY PERFORMED? please execute the certificate, YES 🔲 NO X be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INVULY OCCURRED Enter noture of injury in Port I or Port II of item 18.) phould agent, priar PRIMARY ar CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, farm. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at wark designated 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection 1 Inquiry 1 ond in my opinian the funeral directar. Natural causes 1. death resulted fram: Accident Suicide . Undetermined manner Hamicide be retained CHIEF MEDICAL EXAMINER ACTUAL 9/7/66 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE D DEPUTY MEDICAL EXAMINER 6800 Mornington Rd. **EXAMINER'S** 5 may ro FUNEI Health Address (Street, city, town, or county) Dundalk, Md. Melvin B. Davis NAME (Type) 23h. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 9/9/66 Meadowridge Mem. Park Cem. Baltimore, Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR ATSME ocharles John J. Duda Dundalk, Maryland 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12495 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death signed by the attending physician ond completely filled in by the funeral buriol-tronsit permit. Then please remove carbon papers. Pages 1 and 2 buriol, cremotion, or removal, ond in ony event, within 72 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE Maryland a. COUNTY Baltimore b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TDWN (If outside carporate limits, write RURAL and give nearest town) Baltimore 21206 TOWSON 7 DAYS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 5614 Mayview Avenue NO X St. Joseph Hospital 3. NAME OF Middle 4. DATE Manth Last Day Year DECEASED September 15 1966 Mary Catherine Stone (Type ar print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Hours 6-21-77 Female White WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane COUNTRY? during most of warking life, even if retired) INDUSTRY Leonardtown, Maryland U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JACK GOODWIN Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates af service 16. SOCIAL SECURITY ND. 17. INFORMANT MIGNONETTE MATTHEWS 2 ABOVE SAME AS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Congestive heart failure IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospitol or ottending physician. DUE TO Canditians, if any, which gave Arteriosclerotic cardiovascular disease (b) rise to immediate couse (a), DUE TO stating the underlying cause hos been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Pulmonary edema. Pulmonary thrombosis. YES DC NO FUNERAL DIRECTOR: After this certificate irector, page 3 should be detoched for un 2Dg. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, (City or tawn) (Stote) 2Dd. INJURY OCCURRED (County) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While at wark at work 21. I certify that (this hospital) attended the deceased fram Sept. 7 Sept. 15 , 19 66 that (I) (we) last 1966 , ta_ saw the deceased dive on Sept. 15. 19 66, and that death accurred at 4:55 AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING Sept.15,1966 M.D. PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S 21204 Towson. Md. NAME (Type) Reynaldo Orjuela-Gomez, M.D. 7620 York Road 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) OUR LADY'S CHAPEL BURIAL SEPT. 19. 1966 MEDLEY'S NECK MARYLAND 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND 1986

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12496 CERTIFICATE OF DEATH cian and campletely filled in by the funeral lease remave carban papers. Pages 1 and/2 and in any event, within 72 haurs after death. certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Owings Mills Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Dover Road Dover Road NO DC YES 3. NAME OF Middle 4. DATE First Last Day Year DECEASED Sept. 20 1966 (Type ar print) Stran DEATH Jean H. S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours 6/18/1874 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY? **INDUSTRY** Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Housewife Own Home 13. FATHER'S NAME burial, crematian, ar removal, Sandy Welsh Bethea Muirhead 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. requires that the death permit. (Yes, na. ar unknown) (If yes give war ar dates of service 215-54-0846 Mrs. Myrtle Taylor, 426 Winston Ave. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p Uremia IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave Arteriosclerotic C.V. Disease (b) rise to immediate cause (a) DUE TO Page 4 may be retained by the haspital or attending priar ta stating the underlying cause has been 3 shauld be detached for use as the with the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K this certificate the detached for use Carcinoma right breast 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Nat While factory, street, affice blda., etc.) at wark at wark O FUNERAL DIRECTOR: After director, page 3 should be c 21. I certify that (I) (this haspital) attended the deceased fram June 30, 1958, ta Sept 20, 1966 that (I) (we) last saw the deceased alive an Sept 1 1966, and that death accurred at 10A M, fram causes and an the date stated abave. 22b. DATE SIGNED 22a, SIGNATURE nertin E. Strokel ATTENDING MED. DIRECTOR STAFF PHYS. X 9-20-66 M.D. PHYS director, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 48 NAME (Type) Dr. Martin E. Strobel Main St. . Reisterstown . Md. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify)
Burial Falls Road Balto Co.

BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Sateris 24. FUNERAL DIRECTOR 4905 York Road Balto 12 Md 2Sa. REC'D BY REGISTRAR Sons Co. 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death by the funeral Pages 1 and deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 142 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 VETERANS ADMINISTRATION HOSPITAL 723 S. ROSE STREET YES NO X 3. NAME OF First Lost 4. DATE Month Year Dov DECEASED 19 66 JOHN. STRING SEPTEMBER 2 DEATH (Type or print) requires that the death certificate be executed S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED birthdoy) Months APRIL 10, 1889 Hours WIDOWED DIVORCED MALE WHITE 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** BALTIMORE, MARYLAND LABORER CONSTRUCTION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY MN: UNKNOWN FRANK STRING 15. WAS DECEASED EYER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service)

YES 16 SOCIAL SECURITY NO. 17. INFORMANT Address P CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 220 07 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: CARDIAC FAILURE IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove ACUTE MYOCARDIAL INFARCTION IMMEDIATE rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending as the last. 19. WAS AUTOPSY PERFORMED? this certificate has I PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CHRONIC BRAIN SYNDROME, CHRONIC URINARY OBSTRUCTION YES NO far 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER' 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED Haur o.m. foctory, street, office bldg., etc.) Not While ot work FUNERAL DIRECTOR: After 21. I certify that (F (this hospital) attended the deceased from 4/13/66 , 19_ _____, to 9/2/66 . 19____, that≥(1) (we) lost , and that death accurred at 10:30MM fram causes and an the date stated above saw the deceased alive on 9/2/66 22b. DATE SIGNED 22o. SIGNATUR ATTENDING PHYS DIRECTOR PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICA N'S vpe DOSEPH G. BURCH, M. D. VAH FORT HOWARD, MARYLAND 230. BURIAL, CLEMATION, REMOVAL (Specify) BURIAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BALTIMORE, MARYLAND BALTIMORE NATIONAL FUNERAL HOME REC'D BY REGISTRAR My thews MATTHEWS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles VR A15 (4) Fastern Aven & Decker A

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-:	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	MARYLAND
n 24 hours after death. y filled in by the funeral papers. Pages 1 and 2 hin 72 hours affer feath.	1. PLACE OF OEATH a. OBJUNTY DALTI MORE MARYLAND D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) CREATER BACTIMORE MEDICAL CEURR WHITE HALL ROAD RFD	
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- > S E	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO FNEUMONIA Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. OUE TO ULMONARY THROMBO EMBOLISM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10.	ONSET AND GEATH DAYS J DAYS J DAYS 19. WAS AUTOPSY PERFORMEO? YES TO NO
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TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) SMITH, ROBERT W. MD. 22d. ADDRESS GBMC 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or REMDVAL (Specify)	county) (State)
VR A15 (4) 20M 1/65	Cremation 9-20-66 Greenmount Baltimore, Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. 'REGISTRA' Wm. Cook-Brooks Towson, Towson, Md. DATE SEP 2 2 1966	ir's signature

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MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Count factory, street, office bldg., etc.) 20f. (City or town) 20f. (City or tow	ty) (State)
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ATT rets		saw the deceased alive on 4/4 1965, and that death occurred at 0 M, from the causes and on the	E SIGNED/
L OR ay be DIR page		M.D. ATTENDING MED. STAFF PHYS. 9/2	24/66
SPITA 4 mil	1	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland	/
TO HOSPI Page 4 TO FUNER director should b		23a. BURIAL CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	ty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12501 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Marvland b. COUNTY PM3. Poge of hours ofter deoth. Baltimore Co. MARYLAND ond 3 1 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 Towson Baltimore, Md. 21212 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5811 Halwyn Avenue St. Joseph Hospital Poges YES T NO I after deoth. 3. NAME OF 4. DATE Lost Month Dov DECEASED (Type or print) Jane B. Tabb September 18, 1966 within DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Jast birthdoy) 3 Item 18. Months 6 Female White Feb. 4, 1892 Dovs hours WIDOWED DIVORCED event ond 2 e certificate, writing the word "pending" in pencil in Item 1 should be forwarded to the Chief Medical Examiner's Office 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY poges l Baltimore, Md. Homemaker 13. FATHER'S NAME This certificate should be executed within 14 MOTHER'S MAIDEN NAME William F. Bell Jane Brackenridge ond 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war or dates of service) cremotion, or removal, 216-05-2153D Jane R. Tabb (Daughter Same 18. CAUSE OF DEATH (Enter only one couse per line for (8), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse 0 buriol, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONFEIGHTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? the certificote, NO its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Page at work ot work 21. I certify that I took charge of the remains described abave, held an Autopsy Inspection 2. Inquiry and in my opinian death resulted from: Natural causes . Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Charles F.O'Donnell, M.D. Address (Street, city, town, or county) the 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 50 9/20/1966 Green Mount Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR EUGenia K. **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 5209 York Seitz VR A15ME (5) 1966

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Baltimore County b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Int Wilson hours Mount filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? Mount Wilson State Hospital YES NO completely carbon NAME OF Middle Last DATE Month Year DECEASED (Type or print) Jan0.5 DEATH 19 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | Days any and WIDOWEO TO DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? LIZ DAY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address the atten it permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) Records, Mt. Wilson State Hospital CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) been s. DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. as (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES N NO T 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) the hospit detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 saw the deceased alive on___ - Jehl/19 66 and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENOING OIRECTOR A 22d. AOORESS director, p Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. (State) REMOVAL (Specify) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR AODRESS VR AI5 (4) 20M 1/65

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im Novovner, M.D., Superintendent Mount Wilson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 25 CERTIFICATE OF DEATH 24 hours after death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY in by the fig. Pages 1 hours after TIMOR MARYLANO CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson BALTIMORE stely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS within etely carbon NAME OF DECEASED First Middie 4. OATE Last Month i and complet remove carb n any event, v (Type or print) DEATH 6. COLOR OR RACE OATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIEO Last birthday) WIOOWED [DIVORCED 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) physician an please re = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY ECRETARY FATHER'S NAME TOWER. BULG, The law requires that the death certificate 14. MOTHER'S MAIDEN NAME Colomba .. ending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s been signed by the atter the burial-transit permit-ior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 214-01-6876 None Miss Sarah Tarragano Temple Garden Apts. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: the hospital or attending physician. ARCINOMA IMMEDIATE CAUSE (a) DUE TO CARCINDM VAR Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating has be as th prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) a.m. After d be d State While Not While retained by at work at work OIRECTOR: At age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from JULY 19 and that death occurred at 9.30M, from the causes and on the date stated above. saw the deceased alive on. 19 66 SIGNATURE page filed ATTENDING PHYS. M.D. DIRECTOR Page 4 may FUNERAL PHYSICIAN'S 22c. 22d. AODRESS director, p NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Cremation 2 Mount Crematory Bal timore FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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	21. I certify that (I) (this hospital) attended the deceased from 7. 19.6, to 9.4. 19.6, to 9.4. 19.6, saw the deceased alive on 19.6., and that death occurred at 6.6. M, from the causes and on the causes are said on the causes and on the causes are said on the causes are sa	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after P the MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by Page hours write RURAL and give nearest town) hours Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 72 within YES NO / completely i within 3. NAME OF Middle DATE Month Day DECEASED OF event, (Type or print) DEATH 19 executed SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) and cor 9. 7. MARRIED NEVER MARRIED Months Davs Hours any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) INDUSTRY COUNTRY? certificate FATHER'S NAME MOTHER'S MAIDEN NAM remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit. Address (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tra burial. 7625 DUE TO Conditions, If any, which gave rise to Immediate the DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate Marsun NO T this ceru-detached fo 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Not While be retained by at work p.m. at work the 21. I certify that (I) (this bespital) attended the deceased from. DIRECTOR: Jage 3 should lied with the and that death occurred at 12.26 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. director, pag should be file 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23a. 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) CTR 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 1/65

Backs Bulliance " " and the second Grade Calfor Makers Crotic BOX 850 4-29-66 Eugen Beneza Cotratty Mayland penser donned Yhunen, Jr. Bella Lee Wagenfer nepay Reenton SEPT 30, ALL GREATER SECTO WED, LTK. GTOI LIGHT CHARLES BRATES Louise & Misson, AD CARTO, NO.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12506 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERTIV PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Baltimore o. COUNTY 2, and 3 ta PM3. Page o. STATE of Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pikesville 5 yrs. Pikesville 21208 Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office alang with farm haurs with the State D within 72 haur 100 Old Court Road . Pikesville . Ma. 100 Old Court Rd. YES NO K 24 hours after death. 3. NAME OF 4 DATE Doy Year DECEASED (Type or print) Washington Thomas George DEATH September S. SEX 6. COLOR OR RACE AGE (In years last birthday) IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS Months Dovs Hours WIDOWED DIVORCED event Male Feb. 5.1904 in Item 1 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Clerk Proctor & Gamble Greenmount . N.C. pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Hattie Hughes Jobe Thomas and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT AddressPikesville 8.111. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remaval, Mrs. Elizabeth Jane Thomas, 100 Old Court Rd. 216-07-8590 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN AS CAUSED BY: IMMEDIATE CAUSE (c) Hypertensive Arteriosclerotic C-V Disease ONSET AND DEATH 5 crematian, DUF TO Conditions, if ony, which gove be farwarded ta rise to immediate couse (o), DUF TO stoting the underlying couse burial, 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate, t_Q NO A 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) designated agent, priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work none at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 📳 Inquiry X, ond in my opinion the funeral director. deoth resulted from: Noturol couses X Accident . Suicide . Homicide . Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** Caples, M. D. 6 Hanover Rd. AddReisett, any attantique if d. 9-20-66 Health NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 0 REMOVAL (Specify) Druid Ridge Cemetery Pikesville 8, Md. Sept. 22, 1960 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Milanles VR A15ME (5) 1966

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1 (M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	12507 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12502
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24 hou I frem Office File p	James M. Thompson Sarah Peregoy
in lin lin lin lin lin lin lin lin lin l	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
I within 2 pencil in miner's 0 permit. I removal,	no 218-18-1299 Mr. Calvin B. Thompson, Barkton, Md.
CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delate certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. ur files. ECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the Steps a designated agent, prior to burial, cremation, or removal, and in any event within 72 hors.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uterus Seleratic heart desease ONSET AND DEATH
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INER iffica be 1 ge 3 ed a	
MEDICAL EXAMINER coute the certifica age 4 should be 1 your files. or its designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
AL EXA	death resulted from: Natural causes 4, Accident , Suicide , Homicide , Undetermined manner
DICC Ite Se 4 your IRED Its	ACTUAL SIGNATURE . M. FERREL M.O. ASSISTANT MEDICAL EXAMINER . 22. DATE SIGNED
_ 2 _ 2 _ 1	DEPUTY MEDICAL EXAMINER 4 9/5/66
	EXAMINER'S P. M. FRANCE Address (Street, city, town, or county) PARKTON, Md.
D DEPU please directo retaine D FUNE of Heal	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial 9/8/66 Mt. Carmel Cemetery Balto. Co. Md.
Page 5	24 FUNERAL DIRECTOR ADDRESS 25a, REG'D BY REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12508 y filled in by the funeral in papers. Pages 1 and 2 vithin 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) g. COUNTY b. COUNTY Maryland Baltimore emove carban papers. Pages I any event, within 72 haurs after MARYIAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and live negrest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Baltimore 21234 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 2900 Fifth Ave. YES NO T remove carban 3. NAME OF Middle First Year Day DECEASED Sr. Joseph W. Thompson September 19 66 19 (Type or print) DATE OF BIRTH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Manths Doys Haurs Sept. 2 1903 male white WIDOWED DIVORCED Co. 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT Weber Moving& Storage COUNTRY? attending physician permit. Then please Maryland USA 13. FATRESSAMDriver 14. MOTHER'S MAIDEN NAME burial, crematian, ar remova Elizabeth Bilz 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war ar dates of service 213-10-2789 Mrs. Josephine E. Thompson- Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Lobar pneumonia Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if ony, which gave (b) rise to immediate cause (a). DUE TO stating the underlying couse priar to l has been use as the 19. WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate he director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health Coronary insufficiency. Myocardial fibrosis. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) (Stote) 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o.m. factory, street, affice blda., etc.) Not While ot wark 21. I certify that (\$\frac{1}{2}\) (this hospital) attended the deceased from Sept. 15, 19 60, to Sept. 19, 99, that (\$\frac{1}{2}\) (we) last saw the deceased alive an Sept. 19 1966 and that death accurred at 9.20 (Mem causes and an the date stated above. Sept. 15 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 9/20/66 M. D. M.D. 7620 York Rd. Baltimore, Md. 21204 22c. PHYSICIAN'S Reynaldo Orjuela-Gomez, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 9/23/66 Baltimore Maryland Burial

24. FUNERAL DIRECTOR Gardens of Faith cem 2Sg. REC'D BY REGISTRAR DATE SEP Leonard J. Ruck Inc. 5355 Harford Rd. #14

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) y is necessary, I director. Page or your files. e. COUNTY e. STATE b. COUNTY ŏ Baltimore MARYLAND Maryland Baltimore Department b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b e. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) for your Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE and 3 to the funeral of may be retained for ON A FARM? 51, 2, and 3 to the funera age 5 may be retained f and 2 with the State I within 72 hours after o Philadelphia Road Philadelphia Road YES NO 3. NAME OF DATE Middle Month DECEASED OF (Type or print) DEATH Mary Tiernan 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED emale DIVORCED thin 24 hours after Give Pages 1, 2, Iran PM3. Page 5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Home Ireland Domestic pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) 220- 30- 3206 Mr Richard J. Conesman 3709 E. Joppa Roa 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). " in pencil in It. Office along v INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) certificate should be **DUE TO** ò Conditions, if eny, which (b) cremation, geve rise to immediate cause DUE TO ease execute the certificate, writing the word "pendin should be forwarded to the Chief Medical Examiner'
FUNERAL DIRECTOR: Page 3 should be used as (a), steting the underlying eause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION prior to burial, PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY Tor CONTRIBUTING T CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED -200, PLACE OF INJURY (Home, form,) 20f. (City or town) (County) (State) While Not While fectory, street, office bldg., etc.) Hour e.m. et work - et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion DICAL designated death resulted from: Accident Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE its DEPUTY MEDICAL EXAMINER ð NAME (Type) please 4 shoul O FUN 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or sounty) (State) REMOVAL (Specify) St. Joseph's Cemetery Burial Fullerton. Md. 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR AISME 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12510 physicion ond campletely filled in by the funerol en please remove carbon papers. Pages 1 ond 2 ovol, and in ony event, within 72 hours after death. The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Baltimore Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 6vr5mth5dvs Baltimore Catonsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 536 S. Bentalou Street HOSPITAL SPRING G ROVE STATE YES NO F 4. DATE 3. NAME OF First Middle Lost Month Doy Year DECEASED (Type or print) W. Treffinger Henry September 26 66 DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED 7 MARRIED Jost birthdoy) Months Hours Dovs 1001 OCT, 1,1889 white DIVORCED male WIDOWED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Y M.C.A Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME BITREFFINGER 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) ((If yes give wor or dotes of service) 214-03-6371 STATE Records: SPRING GROVE unknown HOSPITAL burial, cremation INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (o) signed by 1 be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? use Paget's Disease - bed sores NO Por 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While of work 21. I certify that (DC(this hospital) attended the deceased from March Dept. 20 19 00 that (1) (w) last , 19260 10_ and that death occurred at M. fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Baltimore, Maryland 21228 director, should 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 6 DONNELL ST. BALTO 24 MD MT. CARMEL BURIA 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR S. CONLADDRESSUG 24. FUNERAL DIRECTOR

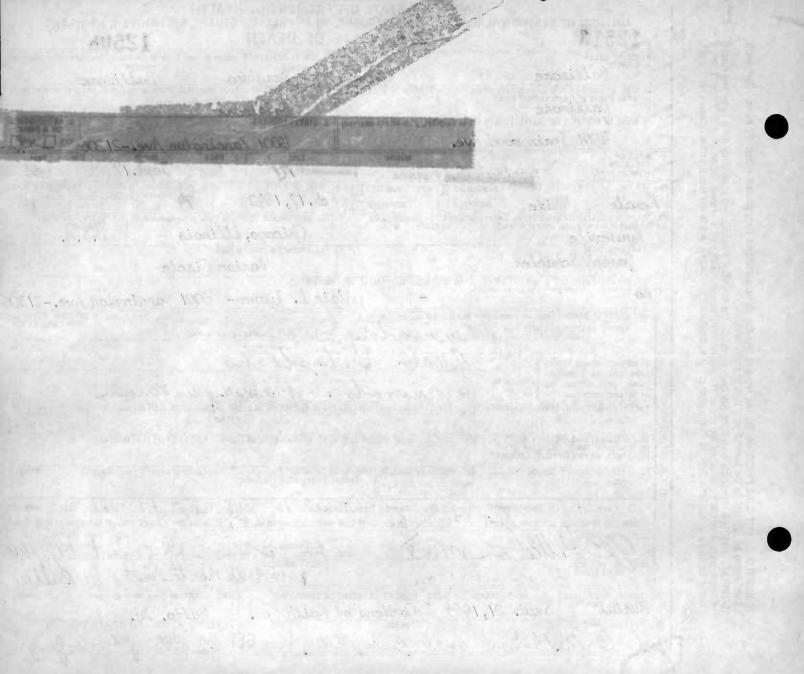
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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY 청 BALTIMORE MARYCAND MARYI AND BALTIMORE by the b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b LIFE BALTMORE = BALTHMORE ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? GREATTER BALTIMORE MEDICAL CENTER 2920 PENNSYLVANIA YES NO X within etely NAME OF Middle Last DATE Month Day Year DECEASED (Type or print) TUCKER SEPT BABV DEATH 1966 Bel 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIÉD DATE OF BIRTH 9. remove NEVER MARRIED last birthday) Months I any Days and MALE 9-5-66 WIDOWED DIVDRCED VIS. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY CDUNTRY? INFANT KSA BALTIMORE, MARYLAND ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS TUCKER BARBARA VIRGINIA BEANHAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) SAME MOTHER cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN aw requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c DUE TD Cenditions, If any, which gave rise to Immediate as the prior to DUE TO cause (a), stating the EXTREME underlying cause last. PREMATURITY (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED certificate Possible SEPSIS YES 50 PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) tached f 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) det factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work P 9/5 1966 that the (we) last 1966 to 21. I certify that (+) (this hospital) attended the deceased from and that death occurred at 1106/PM. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED pe DIR page MED. ATTENDING M.D. PHYS. DIRECTOR PHYSICIAN'S 22d. ADDRESS FUNERAL director, NAME (Type) MARGARST E. LONG. HI Guatu Baltomere Hedical Center. should BURIAL, CREMATION, 23b_ DATE THEREDF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) REC'D BY REGISTRAR 25a. 25b. REGISTRAR'S SIGNATURE VR AI5 (4) DATE 20M 1/65

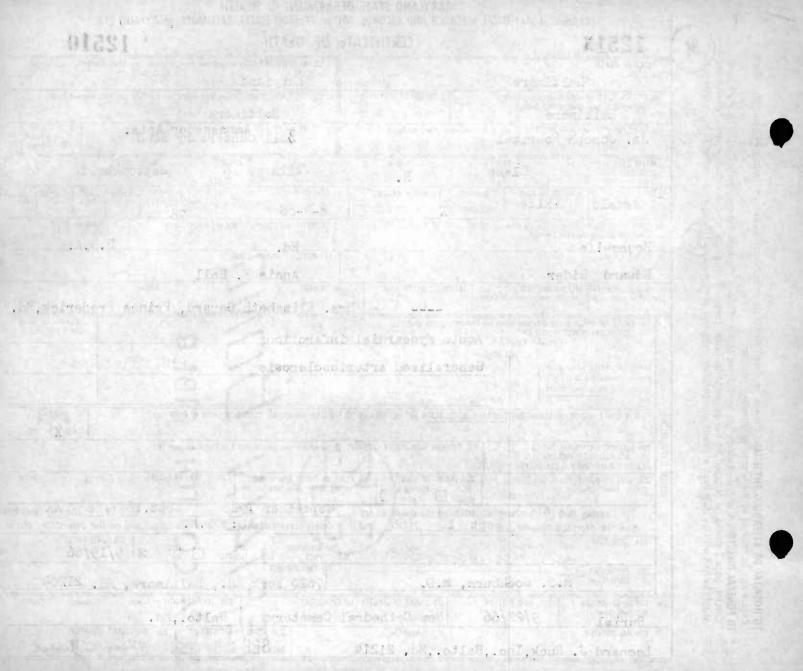
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. COUNTY h. COUNTY after Baltimore muland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS = Springwood Ave. within etely with carbon NAME OF Middle Last DECEASED remove carb comple (Type or print) Gertrude B. DEATH 1906 unnen executed 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. NEVER MARRIED and temalo WIDOWED [DIVORCED [10a, USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? hicago, Illinois Housewile physic P. plea certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME loseph Schaeler Marion (ircle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the attent to be permit. (Yes, wa, or unkown) (If yes give war or dates of service) Algie L. 6001 Mannington Ave. -2 /wrner-18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-t burial. DUF TO Cenditions, if any, which gave rise to Immediate r the DUE TO cause (a), stating the Drior underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO K YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached f Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Mara 3 should with the .1966, and that death occurred at 8°6M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR O HOSPITAL PHYSICIAM'S 22d. ADDRESS FUNERAL TO FUNERA director, NAME (Type) should t DATE THEREOF BURIAL, CREMATION,I 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) (Specify) jardens o raith **FUNERAL DIRECTOR** 25b. REGISTRAR'S SICNATURE 25a. REC'D BY RECISTRAR VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12514 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) I. PLACE OF DEATH filled in by the funeral papers. Pages 1 and O. COUNTY BALTIMORE O. STATEMARYLAND b. COUNTY ANNE ARUNDEL MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) 2 DAYS BALTIMORE, 21061 FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 1925 Norman Road VETERANS ADMINISTRATION HOSPITAL NO X Middle 4. DATE 3. NAME OF First Lost Month Dov Year DECEASED 26 66 RONALD R. THRNER SEPTEMBER 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH AGE (In veors 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Doys MAY 5, 1904 MALE WHITE WIDOWED DIVORCED and in an 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? ICE HANDLER AMERICAN ICE CO. PHOENIXVILLE. PENNSYLVANIA U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RICHARD L. TURNER FLORA FOX 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 162 03 87 09 CLIN. RECORDS. VA HOSPITAL. FT HOWARD, MD. INTERVAL RETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE DUE TO ARTERIOSCLEROTIO IMMEDIATE CAUSE (o) UNKNOWN HEART DISEASE DUF TO RECENT PNEUMONIA RIGHT LOWER LOBE WITH CONGESTION AND EDEMA Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse the hospital or attending O FUNERAL DIRECTOR: After this certificate has been as the CHRONIC EMPHYSEMA BOTH LUNGS UNKNOWN lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION far use Health YES I NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work Page 4 may be retained by 9/24/00 21. I certify that (F(this hospital) attended the deceased from that (\(\mathbb{K}\)(we) last and that death occurred at 9:15 Merom couses and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. uran 9/27/66 M.D. PHYS director, page shauld be filed 22d, ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MARYIAND NAME (Type) JUVAN, M. D. PETER 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify)
Burial BALTIMORE NATIONAL BALTIMORE, MARYLAND 0 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 237 APDRESSapsco Avenue VR A15 (4 DATE SEP Marley Baltimore, Maryland 20 M 1/60 McCULLY FUNERAL HOME

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12516 death. death and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY BALTIMORE BALTTMORE MARYLAND and in any event, within 72 haurs after within 24 haurs after c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD 19 DAYS BATITTMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6230 COMMONS ROAD VETERANS ADMINISTRATION HOSPITAL NO XX 3. NAME OF Middle 4. DATE First Last Month Day Year DECEASED 0F JOSEPH VERMILLION (Type or print) DEATH SEPTEMBER requires that the death certificate be executed S. SEX AGE (In years IF UNDER YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Dovs Haurs WIDOWED DIVORCED MATE WHITE APRIL 13, 1930 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, everylif retired) INDUSTRY COUNTRY? 0. IBM OPERATOR / Ket Martin OHIO COUNTY, W. VIRGINIA II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, MARGARET E. DONOVAN JAMES VERMILLION 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) permit. 42 28 76 CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD. burial, crematian, IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

BRONCHOPMEN INTERVAL BETWEEN burial-transit RIPHSETAND DEATH BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital ar attending physician. XXXXX INTESTINAL OBSTRUCTION RECENT Conditions, if any, which gove rise to immediate cause (a), DUF TO stoting the underlying couse UNKNOWN O FUNERAL DIRECTOR: After this certificate has been MULTIPLE SCLEROSIS AND CHRONIC PYELONEPHRITIS far use os the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION State Dept. of Health YES NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) ot work 21. I certify that (this haspital) attended the deceased from Sept. 9, 1, 366, to Sept. 28, 1966, that (1) (we) last saw the deceased glive an Sept. 28, 1966, and that death accurred at a. M, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 9/28/66 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. directar, page 3 shauld be filed v M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS VAH FORT HOWARD, MARYLAND MAME (Type) ELFATRICK, M. D. GEORGE MC 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) BURIAL (Specify) Baltimore, Md. 9-30-66 Baltimore National RUCK FUNERAL HOME 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1866 HARFORD ROAD, PAINTHORE

SECTION STAGE IL CULTURE THOSE COMPARED OF STREET STREET, STR THE STATE OF THE S A CHORAGAN MA ----INVOICE TO STELLING ! Programme Andrews and the programme of the contract of the con The sunt is been also as a second of the sec enternal programme de la contraction de la contr The Leading St. day Marie Marie Branch Control of the Co

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Baltimore MARYLAND and in any event, within 72 hours after filled in by the Pages 1 b. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town)

TOWSON C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Hall d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Box 131, Route 2, White Hall St. Joseph Hospital 3. NAME OF Middle Lost 4. DATE ease remove carban DECEASED (Type or print) 0F 19 66 C. Wagner William Sept. DEATH S. SEX DATE OF BIRTH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White lost birthdoy) Months Male Hours 2-9-90 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

Farmer INDUSTRY COUNTRY? Maryland II S A Agriculture 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or removal, Augusta Wagner Anna (Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2925 MATTHEOS ST. (Yes, no, or unknown) (If yes give wor or dotes of service) BALT. MD 21218 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH Coronary Thrombosis IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Diabetes Mellitus Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse r this certificate has been detached far use as the 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION 3 shauld be detached far use with the State Dept. af Health YES K NO Bronchopneumonia, Bilateral 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (4) (this haspital) attended the deceased fram July 9. 1966, ta Sept. 5., 1966, that (4) (we) last saw the deceased alive an Sept. 5. __1966_, and that death accurred at 3:00 M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. Sept.5,1966 directar, page 3 should be filed v M.D. DIRECTOR PHYS. York Road, 21204 NAME Type) Manuel S. Cockburn, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Long Green, Maryland St. Johns Cemetery Sept. 9, 1966 2Sb. REGISTRAR'S SIGNATURE 1050 York Road 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Brooks Towson VR A15 (4) 20 M 1/66 1966 Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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<u> </u>	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI CERTIFICATE OF DEATH 12513	
affer death.	ACE DF DEATH COUNTY Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. STATE b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give near	
	Catonsville Catonsville	
	203 Lakemont Court YES [RESIDENCE A FARM? NO
3	CEASED OF DEATH Sept. 15	Year 966
	8. DATE OF BIRTH Wh WIDOWED DIVORCED 10-6-83 9. AGE (In years if UNDER 1 YEAR IF UNDER 1 YEA	rs Min.
1 d	SUAL OCCUPATION (Give kind of workdone most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Balto. Md.	IAT
1	Housewife Balto Md. USA Timothy O'Connell Catherine	
(AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mary P. Donhauser 6203 Lakemont Ct.	
	B. CAUSE DF DEATH [Enter only one cause per line for (a), (a)), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AN ONSET AN	BETWAEN D DEATH
	DUE TD Orditions, if any, which (b) (b)	
2	ause (a), stating the DUE TO (c) (c)	
CERTIFICATION	PERI YES _	AUTOPSY ORMED? ND
	DA. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part I or Part II of Item 18.) R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	Co. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) 4	(State)
	21. I certify that (I) (this hospital) attended the deceased from 7/14 66, 19 to 9/16 19 that (I) saw the deceased alive on 9/16 19 and that death occurred at 19/16, from the causes and on the date star	(we) las
	2a. SIGNATUR M.D. ATTENDING MED. STAFF 22b. DATE/SIGNED M.D. PHYS. DIRECTOR PHYS. 9/6	Sah
	2c. PHYSICIAN'S NAME (Type) Herbert W. Lapp, M. D. 4804 Frederick Ave - #28	W/ ()
2	BURIAL, CREMATION, 23b. DATE THEREOF 9-17-66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Baltimore, Md.	(State)
-	itzke F. D4101 Edmondson Ave. 25a. Rec'd by Registrar 25b. Registrar's Signatur	ge.



The date of the same and the sa

MARYLAND STATE DEPARTMENT OF HEALTH 🚽 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Mary land 21207 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) é Baltimore = Towson filled in papers. in 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? 5103 Wetheredsville Ry Baltimore Medical center NO YES within completely noq NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF DEATH remove carb Ward Pearl (Type or print) C. 1966 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) in any E Months Oavs Hours and WIOOWEO [DIVORCEO [physician n please r val, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Crittenden Lucy Florence 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the atten 0 (Yes, no, or unkown) ((If yes give war or dates of service) 2130 38669 Garner A. Ward 5103 Wetheredsville Rd cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Tie law requires that the ONSET AND DEATH I-transit PART I, OEATH WAS CAUSED BY: Bardiorespirator the hospital or attending physician. IMMEDIATE CAUSE (a) igned 1 been signe the burial-t or to burial, DUE TO Metastasic Surcoma Conditions, If any, which gave rise to immediate r the **OUE TO** cause (a), stating prior Molanosarcoma underlying cause last. (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMEO? NO K YES 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While retained by p.m. at work at work DIRECTOR: A. age 3 should led with the S 1966 to September 6k, 1966 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from August and that death occurred at 9 PM, from the causes and on the date stated above. saw the deceased alive on Sentember 6 Ht 19 66 22a. SIGNATURE 22b. OATE SIGNEO Page 4 may be O FUNERAL DIRE director, page 3 should be filed v -6-66 M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. AOORESS Dora C. Kuw ilsky NAME (Type) Baltimore Medical Center. Brester BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) -XXX -9-66 Burial Baltimore Mary Lorraine Cemetery J FUNERAL DIRECTOR REC'O BY REGISTRAR 66 4600 Liberty Hghts. Ave. OATE 1/65

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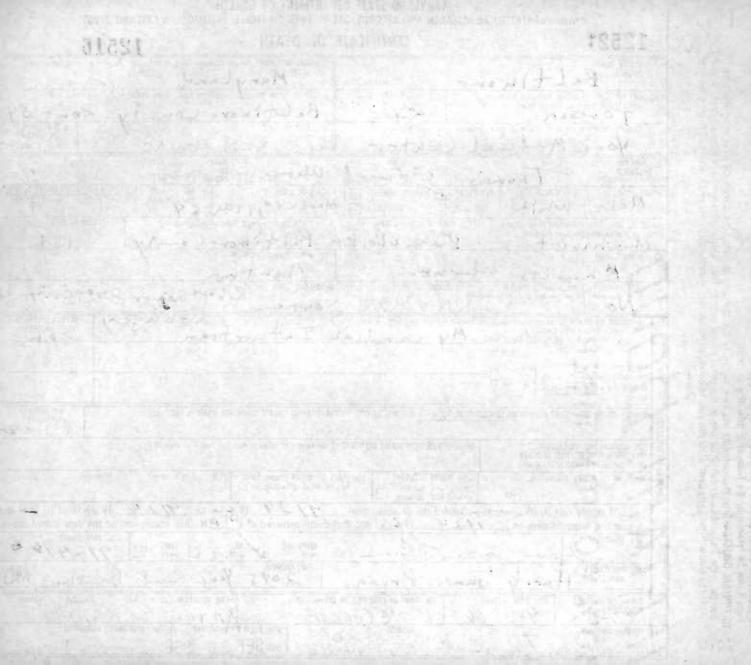
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAKYLAND 21201

CERTIFICATE OF DEATH

1 9 5 1 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g physician and completely filled in by the funeral o. COUNTY b. COUNTY o. STATE BALITIMORE MARYLAND van papers. Pages within 72 haurs aft b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 61 DAYS FORT HOWARD BALITIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 507 SOUTH BOULDIN STREET VETERANS ADMINISTRATION HOSPITAL YES NO T 3. NAME OF Middle 4. DATE Lost Year DECEASED WARLITZ CHARLES B 19 66 (Type or print) SEPTIMINEDR DEATH S. SEX AGE (In years lost birthdoy) IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Months Doys Hours WIDOWED X JUNE 17, 1912 and in any DIVORCED MALE WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
TRUCK MECHANIC INDUSTRY COUNTRY? BALITIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HERMAN WARLITZ MARGARET SAFFER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address the attendir permit. (Yes, no, or unknown) (If yes give war or dates of service) ъ 217 20 1239 CLIN. REC., VAH, FT. HOWARD, MARYLAND YES crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: burial-transit PNEUMONIA IMMEDIATE CAUSE (o) DUE TO signed I BRONCHOGENIC CARCINOMA WITH METASTASIS TO Conditions, if ony, which gove UNKNOWN rise to immediate couse (o). LIVER, KIDNEY, ADRENALS AND LYMPH NODES stoting the underlying couse 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERSORMED? NO 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m Not While factory, street, office bldg., etc.) ot work ot work 21. I certify that (4) (this haspital) attended the deceased fram July 5, 1266, to Sept. 4, 1966, that (A) (we) last saw the deceased olive on Sept. 4, 1966, and that death accurred at a. M, fram causes and on the date stoted abave. saw the deceased olive on Sept. 4, 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 9/6/66 DIRECTOR M.D. PHYS. PHYS. director, page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) VAH FORT HOWARD, MARYLAND SHELDON E. KALMUTZ. M. D. shauld 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 9/8/66 BALTIMORE NATIONAL BALTIMORE, MARYLAND 250. REC'D BY REGISTRAR FUNERAL HOME 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ZANNINO, JR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12521 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death ges 1 and 3 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits C. LENGTH OF STAY IN 16 c. CITY OR TOWN outside carparate limits, write RURAL and give nearest tawn write RURAL and give nearest tawn) event, within 72 hours 0 WSOM .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled i YES NO NAME OF Middle DATE remove corbon First Doy Year DECEASED OF DEATH (Type ar print) AGE (In years IF LINDER 1 YEAR S. SEX IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH last birthdoy) Months Dovs Hours March WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** ond Vecker 13. FATHER'S NAME 14. MOTHER'S MAIDEN cremation, or removal, phy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 29008 (Yes, no, trunknown) (If yes give wor or dates at service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospital or ottending physician. signed by DUF TO buriol, Canditians, if any, which gave rise ta immediate cause (o), DUE TO stating the underlying couse prior ta DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? use CERTIFICATION Heolth NO C 0 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached to should be filed with the Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Month, Doy, Yeor (City ar tawn) (Caunty) Hour o.m. Not While factory, street, office bldg., etc.) ot work of work 66 to 21. I certify that (I) (this hospital) attended the deceased fram , 19 65, that (1) (we) last 1966, and that death accurred at 815 PM. fram causes and an the date stated above saw the deceased alive an. 22o. SIGNATURE DATE SIGNED STAFF **ATTENDING** PHYS. DIRECTOR PHYS. M.D. ADDRESS 22c. PHYSICIAN'S 22d. TO FUNERAL NAME (Type) 045 amo 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE OKK



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death: PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore Md. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pa Balto. Catonsville filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? physician and completely fill a please remove carbon page and in any event, within Nursing Home Drury YES NO executed within NAME OF First Middle DATE Month Last 4. Year DECEASED (Type or print) Caroline Wasserman DEATH 19 6. COLOR OR RACE | 5. SEX 7. MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours WIDOWED J DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT certificate be during most of working life, even if retired) COUNTRY? Registered nurse TISA removal, 13. FATHER'S NAME attending ph Late-Campbell Worthington Ella Venning 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address **FUNERAL DIRECTOR:** After this certificate has been signed by the atten irector, page 3 should be detached for use as the burial-transit permit. hould be filed with the State Dept. of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) **OR ATTENDING PHYSICIAN:** The law requires that the death be retained by the hospital or attending physician. 218-44-5665 Dr. Harry Wasserman-417 Drury Lane 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARLINO MATOSIS 41+CA DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO X 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work September 19 65 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from_ 66 and that death occurred at 10°M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v ATTENDING PHYS. MED. DIRECTOR Page 4 may b M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Roache Thomas BURIAL, CREMATION, REMOVAL (Specify) LOCATION (City, town or county) (State) 23a. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 2 9-10-66 Burial FUNERAL DIRECTOR F.D.-4101 Edmondson Av. Witzke 1966 VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 12523 within 24 hours after death. ond death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH filled in by the funeral papers. Pages 1 and o. COUNTY Baltimore o. STATE Maryland b. COUNTY MARYLAND lease remave carbon popers. Pages 1 and in ony event, within 72 hours after c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Towson Baltimore #21206 day e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) NO 🗔 YES 18 Elmont Avenue St. Joseph's Hospital Middle 4 DATE Doy Year NAME OF campletely DECEASED Ann Elizabeth DEATHSeptember Weakley 19 66 (Type or print) requires that the deoth certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthday) Months Hours 9-20-1889 x Female White WIDOWED 76 yrs. puo 12. CITIZEN OF WHAT Joa. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRY? INDUSTRY attending physician operate Baltimore, Maryland Retired Murse 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or remavol, Louise Borwick Edward F. Dinsmore 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, ng, ar unknown) (If yes give war ar dates of service Mr William Weitzel 13 Elmont Avenue #6 212-30-1235A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE (AUSE (a) Acute myocardial infarction XIXXXX Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been far use os the lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION of Health NO DO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (State) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. While Not While of work at work OR ATTENDING 21. I certify that \$1) (this haspital) attended the deceased fram September 1719 66, to Septemb. 17, 1966, that \$1) (we) last saw the deceased alive an Septemb. 17, 1966, and that death accurred at 12:05 M, fram causes and an the date stated above. 3 should 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. **ATTENDING** September 17.196 DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME(Type)Fiorello G. Malit. 7620 York Road, Towson 4. Maryl and 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE THEREOF 23a. BURIAL CREMATION REMOVAL (Specify) Baltimore Cemetery Buria 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12524 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ond 3 ta M3. Page af Baltimore after death. MARYLAND Maruland Department b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Office alang with farm tem 18. Give Pages 1, ON A FARM? Spring Grove State Hospital 3413 Courtleigh Drive YES \ NO [3. NAME OF First Last 4. DATE within 72 Day Year DECEASED Rose Weiman 19 (Type ar print) DEATH 19 66 S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthday) Months Days Haurs WIDOWED DIVORCED female | white event Oct 15. 1902 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT in puriting 24 | during most of working life, even if retired) INDUSTRY COUNTRY? dny poges in any 13. FATHER'S NAME At Home Russia

14. MOTHER'S MAIDEN NAME LISA be executed within Meyer Winer Bluma 9 and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address rd "pending" in Chief Medical E permit. remaval. (Yes, no, ar unknown) (If yes give war or dates af service) Mr. Julius L. Weiman. 3413 Courtleigh Drive No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic cardiovascular disease 0 IMMEDIATE CAUSE (a) This certificate should the certificate, writing the ward 4 shauld be farwarded to the Ch burial, crematian, DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying cause nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? Fracture of right hip YES X NO p pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) designated agent, prior 3 should PRIMARY Or CONTRIBUTING S fel1 CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. may be retained far yaur FUNERAL DIRECTOR: Page factory, street, office bldg., etc.) 1966 Balto. Balto. Md. at wark 21. I certify that I taak charge of the remains described above, held an Autapsy [X], and in my apinian Inspection . Inquiry | the funeral directar. death resulted from: Accident X Suicide . Natural causes Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9/20/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz, M.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (State) 0 Burial (Specify) 9/21/66 Maryland Moses Montifiore 24. FUNERAL DIRECTOR VR A15ME (5) Sol Levinson & Bros. Inc., 6010 Reisterstown DATE SEP

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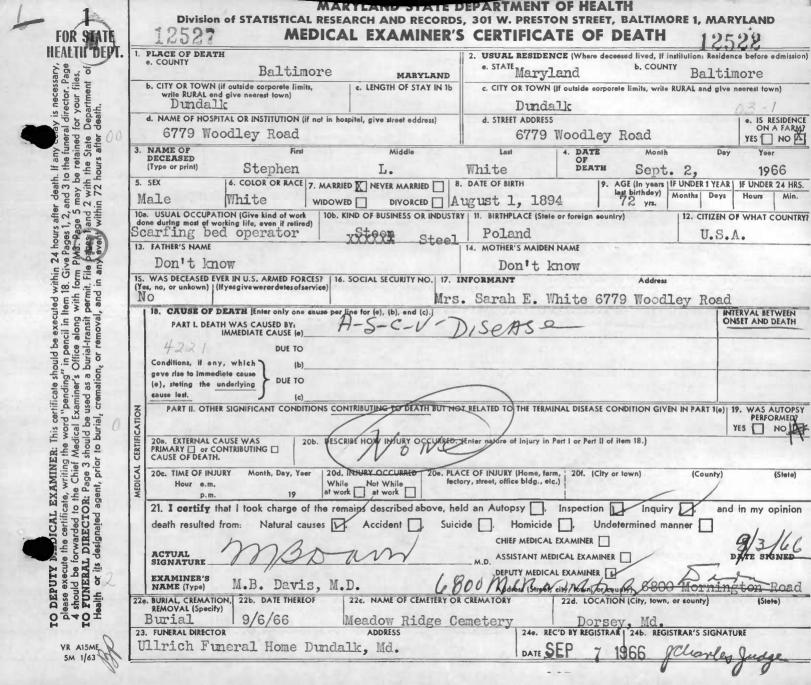
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1 4	Item 20 Film 381 10-3-66 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	12525 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12520
HEALTH DEPT	1. PLACE OF DEATH O. COUNTY O. STATE D. COUNTY D. COUNTY O. STATE D. COUNTY
2, and 3 ta PM3. Page partment of after death.	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL pnd one pearest town) write RURAL pnd one pearest town)
Pa Pa aft	NUMBER OF HOSPITAL OR INSTITUTION (If not in hospital give street address) . d. STREET ADDRESS
ges 1, farm farm farm	ST. Joseph HOSPT. 24 Northwood DRIVED NOX
ter death. If Give Pages 1, and with farm the State De Ithin 72 hours	3. NAME OF DECEASED (Type or print) Richard H. Middle Well'S DEATH 9-20 1966
alc alc	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED B. DATE OF BIRTH 9. AGE (In yeors lif under 1 year if under 24 Hrs. lost birthdoy) Months Doys Hours Min.
haurs mm 18 ce land 2	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
nin 24 nine se pages 1 in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
wii xar ile ind	1s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
executed ading" i Medical permit.	(Yes, no onunknown) (If yes give wor or dates of service) 213-40-2522 Margaret And Wells Above
old be executed within urd "pending" in pencil. Chief Medical Examinations: The page of the removal, and in controls.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (r).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c)
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his ce ate, v e farr be us	YES NO P
INER: Thi should be files. 3 should be files.	20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port or Port II of item 18) PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU
MEDICAL EXAMINER: This please execute the certificate, directar. Page 4 shauld be fretained far yaur files. DIRECTOR: Page 3 should be is designated agent, priar to	20c. TIME OF INJURY Month, Ooy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. Sept 2019 66 of work of
AL EX.	21. I certify that I took charge of the remoins described obove held on Autopsy, Inspection, Inquiry, and in my opinion
MEDICA olease ex directar. etained the DIRECTO	deoth resulted from: Noturol couses Accident , Suicide , Homicide , Undetermined monner .
Y ME y plectory, plectory	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
TO DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funeral director. Page 4 shauld be for 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be Health ar its designated agent, prior to	NAME (Type) Dr. Charles F. O'Donnell Address (Street, city, town, or county)
TO I the S m C F Hec	230. BURIAL (REMATION, PREMOVAL (Specify) P/23/1966 Dulaney Valley Mem. Grds. Timonium. Md.
VR A15ME (5) (C)	24. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 1905 York Rd. Beltimore 12 Md. DAVE D 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	JLI 47. 1000 Knowled Judge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12521 CERTIFICATE OF DEATH 12526 death. requires that the death certificate be executed within 24 hours after death the ottending physicion and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 and nation, or removal, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Baltimore Maryland
c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1h Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM St. Joseph's Hospital 4912 Frankfort Avenue YES NO [NAME OF Middle 4. DATE Winifred Last Manth Year WELLSLAGER DECEASED C. September 18 19 66 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Female white Months 12-6-90 Days Haurs WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast af warking life, even if retired) **Housewife** COUNTRY? INDUSTRY II S A Balto.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Kirkham John Mary Bletzer 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) ((If yes give war ar dates of service Same George E. Wellslager burial, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY Congestive heart failure ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 moy be retoined by the hospital or attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO hos been s ise as the t th prior to b stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate to 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram 18September 1966, ta September 3966, that (1) (we) last saw the deceased alive an September 1819 66, and that death occurred at 7:30M, from causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED September 18.19 MED. DIRECTOR STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Nelson dela Paz 7620 York Road, Baltimore 21204, Md 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 9/22/66 Oaklawn Cemetery 2Sa. REC'D BY REGISTRAR Md 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATSEP Leonard J. Ruck, Inc., Balto., Mdl 21214 1966

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE OF OEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY bours after Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ò Baltimore 21206 = Towson bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? 7801 Riverdale Ave. St. Joseph Hospital YES NO DE executed within completely carbon NAME OF Middle Last OATE Month Oav Year and compremove carbo DECEASED OF DEATH 1966 (Type or print) Ellen Wierzbicki September 13. Agnes SFX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIEO AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months ! January 28, 1922 White Female WIDOWEO [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician an please reval, and in = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) pe INOUSTRY Maryland Homemaker/ Nonbrella make certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hen hen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. been signed by the after the burial-transit permit r to burial, cremation, or (Yes, no, or unkown) CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) the hospital or attending physician. Peritonitis, generalized. DUE TO Conditions, If any, which Abscess broad ligament. (b) gave rise to immediate DUE TO cause (a), stating the Salpingitis, right fallopian tubes. underlying cause last. 98 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health use PERFORMED? Embolus, bilateral, lungs. YES T NO T 20a. ACCIOENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached 1 Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work OR ATTENDING be retained by at work p.m. DIRECTOR: A age 3 should lied with the 9 21. I certify that & (this hospital) attended the deceased from. 66. to 1966_. that (we) last and that death occurred at 9 A.M., from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENOING PHYS. MEO. DIRECTOR STAFF PHYS. September M.D. Page 4 may pa FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS director, p NAME (Typ .S York Rd. Baltimore. Md. 21204 Cockburn. M.D. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. REMOVAL (Specify) elen ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 1501 E, For7 422/25 VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12529 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior ta burial, crematian, or remayal, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deathereptificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

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PLACE OF DE a. COUNTY	Baltimore				2. USUAL RESIDENCE (ved, if institution	n: Residence befare v	e admissian)
			MARYL	AND	Mar	yland	b. cook	Baltimor	9
b. CITY OR TO	OWN (If autside carparate limits,	,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If ou	itside carparate lir	nits, write RURA	L and give neares	t tawn)
Caton	AL and give nearest tawn)	3	yrs. 8 m	0.	Parkton			02	-1
d. NAME OF I	OSPITAL OR INSTITUTION (If not	t in haspital, give	e street address)		d. STREET ADDRESS				e. IS RESIDENCE
Spring	Grove State H	ospital							ON A FARM? YES 10 0
3. NAME OF DECEASED	Firs		Middle		Last	4. DATE OF	Month	Day	Year
(Type or prin) Emory			helm		DEATH S	Septembe	er 5	19 66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ 8	. DATE OF BIRTH	9. AG	E (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED		5/13/76	90	t birthday) Yrs.	Manths Days	Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work done orking life, even if retired)		OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fareign	cauntry)	12. CITIZEN OF COUNTRY?	WHAT
during mast of W	ATMOL	Farm	SJRY Ling		Maryl	and		U.S.A	
13. FATHER'S NA	AME				14. MOTHER'S MAIDEN				
Wes	let J. Wilhelm				Jane T	emp			
15 WAS DECEAS	ED EVED IN HIS ADMED EODOES	02 41	CIAL SECURITY NO.	17. 1	FORMANT	-	Address		
(Yes, n Norunkn	awn) (If yes give war ar dates af		-48-7508	1	ords: Sprin	g Grove			
18. CAUSE	OF DEATH (Enter only one cous	se per line for (a), (b), and (c).)	,	4		1		RVAL BETWEEN
PART	I. DEATH WAS CAUSED BY:	(Ux		hron	bosis		pour.	ON:	SET AND DEATH
14.2	IMMEDIATE CAUSE (0)						1	
Conditions,	if any which gove \	(b) S	entrales of	an	tenoclesos	i		7	lan
	rediate cause (a), (-				S. 10 61		
stating the	underlying couse	(c) ~	_						
_	HER SIGNIFICANT CONDITIONS CO		DEATH BUT NOT BELA	TED TO T	UE TERMINAL DISEASE COL	UDITION CIVEN IN	DADT 1/-1	110	WAS ALITOPSY
S PAKI II. UII	TER SIGNIFICANT CONDITIONS CC	NIKIBUTING TO	DEATH BUT NOT KELA	ו טו עזו	TE TERMINAL DISEASE COI	ADITION GIVEN IN	PAKI I(0)		WAS AUTOPSY PERFORMED?
								YE	S NO X
	NT WAS UNDERLYING ☐ UTING ☐ CAUSE OF DEATH	20b. DESCI		URRED. (Enter nature of injury in	Part I ar Part II a	f item 18.)		
THE CHILLEN, IN	IOTIFY MEDICAL EXAMINER)		NONE	184					
20c. TIME O	OF INJURY Manth, Day, Year				E OF INJURY (Hame, farm		y ar tawn)	(County)	(State)
WE IN	p.m. 19	While of work	Nat While at wark	racro	ry, street, affice bldg., etc.				
21. 1	certify that (I) (this has	oital) attende	d the deceased f	ram	12/28	1962, ta_	9-5	1966, th	at (I) (we) la
saw t	he deceased alive an	9-4	1966, ai	nd that	death accurred at	635/A.M. fr	om causes a	nd on the date	e stated abov
22a. SIGNA		1						22b. DATE SIGN	
	segret o	rolon 1	m.D.	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	9-5-6	6
22c. PHYSI	CIAN'S	0 1	- 0		22d. ADDRESS	0	0.0 01		
NAME	(Type) George 1	Kodon	M.D.		SPRING	Giove .	1+. 1tos	p.	
23a. BURIAL, CRI	EMATION, 23b. DATE THE	PEUE 1	23c. NAME OF CEMET	FRY OR C	PEMATORY		N (City ar Tawr	n) (Caunty	(State)
REMQVAL(S	inacifu)				KEMATOKI				
Burial	9/7/66		Pine Gro	ve	aca presi	Parkto		Baltimor ISTRAR'S SIGNATUR	
24. FUNERAL D	KELIUK O LA	11 H	lampstead,	Md	21074 DATE SE	BY REGISTRAR		liante	
1/2/2/	11/2 -1-15	X of 1	e manual de la company	210	DATE	-1 ()	JUN OCC	may on	Vendan

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COHNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
Caton SVIIIe c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lvrlmth12dys Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 10 250 North Fulton Avenue SPR ING GROVE STATE HOSPITAL 3. NAME OF Middle First DATE Last Month DECEASED September Williams John Curtis (Type ar print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Negro male 1902 WIDOWED XX DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, ar foreign country) during most of working life, even if retired) INDUSTRY Maryland laborer contractors 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hezekiah Williams Harriett Walker 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 217-07-8362 Records: SPRING unknown GROVE STATE 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Carcinoma of stomach with metastases IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove (b) rise to immediate couse (a), DUF TO stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work 19 65 to Sept. 30, 1966, that (1) (we) last 21. I certify that (this hospital) attended the deceased from 30_1966, and that death occurred of sow the deceosed olive on Sent. M, from couses and on the date stated above. 22g. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS GROVE 22c. PHYSICIAN'S NAME (Type) Stella Wachsler. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 10/3/66 Arbutus Memorial Park Baltimore Co. Maryland Nutter-3035 W. North Ave. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After directar, shauld VR A15 (4) 20 M 1/66

law requires that the death certificate be executed within 24 hours after death

death

and campletely filled in by the funeral remove carban papers. Pages 1 and

van papers. Pag within 72 hours

in any event.

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please

the attending physician sit permit. Then please

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shauld

State Dept.

physician.

2Sb. REGISTRAR'S SIGNATURE Ocharles

(County)

9-30-66

(County)

e. IS RESIDENCE ON A FARM?

19

Hours

Year

NO [

66

YES

Day

30

Dovs

COUNTRY?

HOSPITAL

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(Stote)

(Stote)

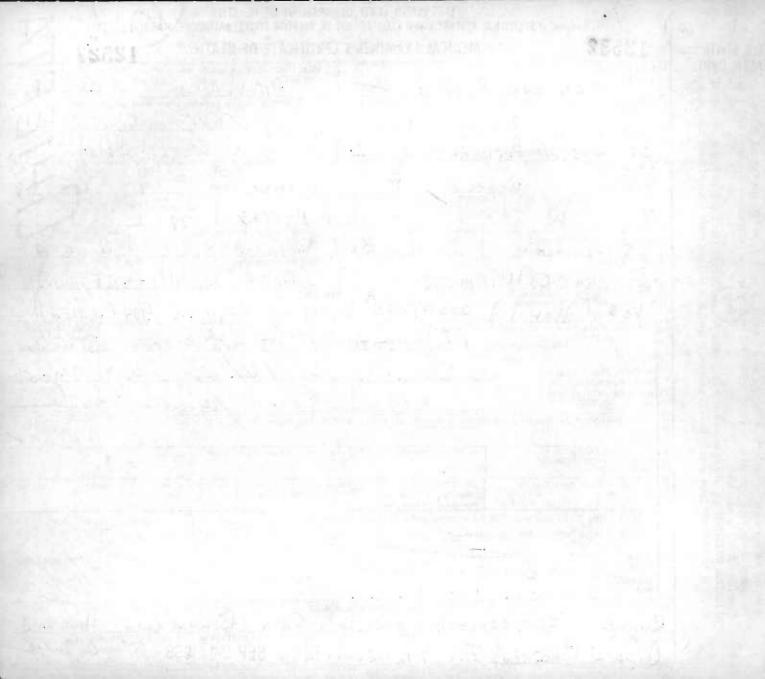
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1		1253			CERTIFICATI	OF DEATH			125	26	
27	1.		ALTIMORE		MARYLAND	2. USUAL RESIDENCE o. STATE MAF	(Where deceose	ed lived, if institut b. COUN		before odmis	sion)
		b. CITY OR TOWN write RURAL on FORT HO	(If outside corporate limit d give neorest town) WARD	ts,	c. LENGTH OF STAY IN 16 242 DAYS		outside corporot	e limits, write RUF	RAL ond give	30.4	
17			TAL OR INSTITUTION (IF IN ADMINISTRA		· ·	d. STREET ADDRESS 986 N. FRA	NKLINTO	OWN ROAD		e. IS RES	
	3.	NAME OF DECEASED (Type or print)		irst DMAS	Middle	Lost WILLIAMS	4. DATE OF DEATH	Mont SEPTE	MBER	27 19	year 9 66
	S.	SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED		8. DATE OF BIRTH DECEMBER 9,		AGE (In yeors lost birthdoy) yrs.		VEAR IF UND Doys Hours	S Min.
	10 du	o. USUAL OCCUPATIO ring most of working LABORE	N (Give kind of work done Life, even if retired) R		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Coun BALTIMOF			12. CITIZ COUI	EN OF WHAT	
	13	SAMUEL	WILLIAMS			14. MOTHER'S MAIDEN		KNOWN			
	15	WAS DECEASED EVENT (ST. NO. OF UNKNOWN)	R IN U.S. ARMED FORCES? (If yes give wor or dotes WW I	of service)		IN RECORDS		Addre		ARD, M	D.
		18. CAUSE OF D PART 1. DEA	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	BRON	(o), (b), ond (c).) CHOPNEUMONIA					INTERVAL B	ETWEEN DEATH
		Conditions, if ony rise to immedio stoting the under last.	DUE r, which gove te couse (o),	(b) PLEU	CHOGENIC CARCI RA AND VERTEBE		INVASIO	n of		MONTHS	
2	ATION		IGNIFICANT CONDITIONS OF EMPHYSEI		O DEATH BUT NOT RELATED TO TERTOSCLEROTIC			I IN PART 1(o)		19. WAS AU PERFOR YES X	NO
	CERTIFICATION	20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury i	n Port I or Port	II of item 18.)			
	MEDICAL	Hour o.	URY Month, Doy, Yeor m. 19	20d. IN While of work	Not While foc	CE OF INJURY (Home, fo ory, street, office bldg., et		(City or town)	(Coun	ty)	(Stote)
		21. I cert saw the d	ify thot (\$)c(this ha eceased alive on_	spital) attend 9/27/6	ded the deceased fram, and the	2/7/66 , t death occurred o	8:05A M	9/27/66 , fram causes	and on the		(we) lost ed abave.
		22c. PHYSICIAN'	Georg	elle	udas, m	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DAT	e signed /27/66	
1		NAME (Type	GEORGE DU					WARD, MA			
		BURIAL, (REMATI REMOVAL (Specify BURIAL)	9-30	-66	BALTIMORE NA MORTANORES DYETT	TIONAL	BA	ATION (City or To	wn) (6 MARYT GISTRAR'S SIG	AND	(Stote)

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4	- 1	M	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	FOR ST	TATE —	Y	12532 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	HEALTH	DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
	ge to	h.		o. COUNTY
	5 m 0	partment of after death.		
	y del , ond PM3.	tme er d		wille KUKAL and give nearest town)
_(2, d	aft		
	within 24 hours after deoth. If a pencil in Item 18. Give Poges 1, cominer's Office along with form	Stote Department of 2 hours after death.		ST JOSEPH HOPPITAL ST.JOSEPH DR. 4104 W. OUERLEA HUE YES NO DA
	24 hours after deoth. in Item 18. Give Poge r's Office alang with f	0)	3.	NAME OF First Middle Lost 4. DATE Month Doy Year OF
	ive ive	£ 5	L	(Type or print) GEORGE WILHER DEATH 9 18 19 66
	hours after Item 18. Give Office alang	with	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In under 1 year If under 2 yea
	urs n 1	land2 v	10	WIDOWED DIVORCED 9-1-1889 77 yrs.
	ho Hen Offi	lan	du	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	24 in er's	pages l in any		SAKES MAN LUMBER DUS. MARYLAND W. S. A
	within 24 pencil in xominer's	8.⊑	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	~ ~	and	1	GEORGE C. WILMER SARAH L. HORSEFIELD
	executed ending" in Medical E		(y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. A 17. INFORMANT 17. INFORMANT 18. INFORMANT 18. INFORMANT 19. IN
	ding	percai		TO SET THE CONTRACT HIS CONTRAC
	pending pending ef Medice	onsit permit or removal,		1B. CAUSE OF DEATH (Enter only one couse per line for (of (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET/AND DEATH
	d b			
	war	-loi-		Conditions, if ony, which gove) (b) DUE TO Conditions, if ony, which gove)
	he sh	bul mo		rise to immediate couse (a),
	certificate should writing the ward rwarded to the CP	used as a buriol-tr buriol, cremotion,		stoting the underlying couse (c) (22 dio Renal Vasculos Australia
	rrtifi vritii	used of buriol		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
		be us	CERTIFICATION	PERFORMED? YES \ NO \
	Th ficot be	d b	TIFIC	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	MINER: This the certificate, 4 should be four files	3 should t		CAUSE OF DEATH.
	Ain he sh		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
	EXAMINER: ute the cert age 4 should	oge	W	p.m. 19 of work of work
	MEDICAL EXA pleose execute director. Page estoined for you	L DIRECTOR: Points designated		21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion
4	5 6 6 F	ig in		death resulted from: Natural causes Accident [], Suicide [], Homicide [], Undetermined manner []
	pleose e director	de		ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINED ASSISTANT MEDICAL EXAMINED
		AL C		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L
	O DEPUTY MEDICAL EXA necessory, please execute the funeral director. Page 5 may be retained for you	TO FINERAL DIRECTOR: Poge Health or its designated age		EXAMINER'S NAME (Type) Charles H'. O'Donnell. M.D. Address (Street, city, town, or county)
	DEPL ecesso ne fun may	E to	230	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. IOCATION (City or Town) . (County) (Stote)
	or the	2 ±	(BURNAL SEPT 22-66 HONE REDEEMER CEM BEHAIR ROAL MARLAND
		0		FUNERAL DIRECTOR ADDRESS A 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
		15ME (5)		DIRPEL BROTHERS INC 7110 BELAIR R. DATE SEP 21 1966 Policines Judge
		1	_	



MARYLAND STATE DEPARTMENT OF HEALTH

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
20°	12534 CERTIFICATE OF DEATH 12529	
a d d	1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence of COUNTY)	before admission
	Raltimore D. COUNTY -	
a a se c	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	hearest town
filled in b papers. Pr in 72 hour	Baltimore 12 Mos. Baltimore	1-4
20 90		IS RESIDENCE ON A FARM?
I	Chapel Hill Nursing Home 5008 Edmondson Avenue Ye	s No S
1	3. NAME OF First Middle Last 4. DATE Month Day	Year
-	Triest Conrad Wimmer DEATH September 19	1966
	5. SEA 6. COLON ON RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR 1 1 1 1 1 1 1 1 1	FUNOER 24 HRS Hours Min.
	Male White WIGOWED X DIVORCED 10-24-1892 73 yrs.	
	Sporting Goods Sales Sales Baltimore USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	14. MOTHER 3 MAIDER NAME	
	Henry Wimmer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Ellicoft City N	
		Id.
	NO 217-05-5864 Warren H. Wimmer 228 Greenway 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	Or .
	DART I DEATH WAS CAUSED BY.	T ANO DEATH
	42	ly 30,
	Conditions, If any, which \ Description Description 19	66 rough
	gave rise to immediate (b) bronchial pneumonia with cardiac arrest,	19/66
	cause (a), stating the out to underlying cause last. (c) Arteriosclerois, generalized chronic cystitis	19/00
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19.	WAS AUTOPSY
0	O S YES	PERFORMEO?
	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. YES 20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 4 work 20f. (City or town) 2	(State)
	Hour a.m. While Not While factory, street, office bidg., etc.)	
	21. I certify that (1) (this hospital) attended the deceased from July 30 , 1966, to Sept. 19, 1966, that	t (I) (we) last
	saw the deceased alive on Sept. 19. 19.66, and that death occurred at 6:30M, from the causes and on the date	stated above
	22a. SIGNATURE / 22b. DATE SIGN	ED
	M.D. PHYS. DIRECTOR PHYS.	66
1	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
1	Burial 9-22-66 Lorraine Cemetery Baltimore, Maryland	
0	24. FUNERAL DIRECTOR AODRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNAL	URE
Y	Elloworth Unicost 4600 LiBerry Hights Ave loate SEP 22 1966 Ocharles	and so
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12535 and 2 be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before odmission) g. STATE Maryland o. COUNTY Baltimore b. COUNTY MARYLAND and in any event, within 72 hours after and completely filled in by the irremove carbon papers. Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 305 North Ave. St. Joseph Hospital NO X YES 3. NAME OF Middle Lost 4. DATE Month Year DECEASED 19 66 Walter Wolbert September Monroe DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Hours White February 26. Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Wolbert Construction Maryland requires that the death certificate, Stonemason 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, attending phy permit. Then 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no ocunknown) (If yes give wor or dotes of service MR. Allen Wolhert Reisterstown, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH Cerebral infarction Poge 4 may be retained by the hospital or ottending physician. mon Arteriosclerosis, generalized, severe signed b buriol, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been use os the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION State Dept. of Health YES A NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALISE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While ot work ot work , 1966 , to 9/30/ 21. I certify that 00 (this hospital) attended the deceased fram 9/17/ , 1966, that (X) (we) last saw the deceased alive on 9/30/ 19 66, and that death occurred at 2:45 M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. © October 1. 1966 M.D. DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S Manuel S. Cockburn, M. D. 7620 York Rd., Baltimore, Md. 21204 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 156 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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	A. J. San Branch Street Control of the Control of t	

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1 1	1)		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
er death. e funeral 1 and 2 ier death.		1.	PLACE OF OEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission of the country but the country but to be c
hours after 1 in by the s. Pages 1 hours after			b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Towson
filled i papers.	90		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Towson Convalescent Home d. STREET ADDRESS ON A FARM! YES \sum No P
completely fill ve carbon papevent, within		3.	NAME OF OCCEASEO OCCEASEO Viva Nowlin Wolverton OCEATH September 6 19 66
xecuted and con emove			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HI Female white WIDOWED DIVORCED Oct. 1, 1882 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HI Months Days Hours Min
te be e			USUAL OCCUPATION (Give kind of workdone in public processing most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. COUNTRY? 14. COUNTRY?
tificat ig phy hen p		13.	FATHER'S NAME 14. MOTHER'S MAIOEN NAME
ath cer attendin		15. (Ye	Adam Wade Nowlin WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No none Parily records
The law requires that the death certificate be executed within 24 hours after death or attending physician. Sate has been signed by the attending physician and completely filled in by the funeral use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 safth prior to burial, cremation, or removal, and in any event, within 72 hours after death.			18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) DUE TO
aw require tending ph as been s as the bui prior to bu		2	gave rise to immediate cause (a), stating the underlying cause last.
- 555	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
PHYSICIAN: the hospita this certifi detached fo e Dept. of H			20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oav, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State)
NG by be stat		MEDICAL	Hour a.m. p.m. While Not While at work at work factory, street, office bldg., etc.)
OR ATTENDING / be retained by DIRECTOR: After ge 3 should be led with the Star			21. I certify that (I) (this hospital) attended the deceased from 1962, 19 to 9/6/66, 19, that (I) (the last saw the deceased alive on Aug 1966, and that death occurred at Aug. M, from the causes and on the date stated above 22a. SIGNATURE
DIRI DIRI Ige			7. C. JULIUS & M.D. ATTENOING MEO. DIRECTOR PHYS. Sept. 8, 1966
Page 4 may 10 FUNERAL I director, page should be file		j	NAME (Type) T. C. Siwinski, M.D. 206 W. Pennsylvania Avenue, Towson, Md.
TO HOSP Page 4 TO FUNEI director	2	23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) Will Crest Burial Park (umberland Maryland Park 1) FUNERAL DIRECTOR 1 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65	B.		John Burns Sons Towson, Md. DATE SEP 1 3 1956 Monthly Judge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 24 hours ALTIMORE ROOK .⊑ carbon papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Chapel Hill Nursing Home NO M YES within NAME OF DATE Middle Last Month Day Year DECEASED 19 66 19, ETHEL. WOODARD September (Type or print) executed remove c SFX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Female White and APRIL10,188 WIDOWED X DIVORCED physician n please r val, and in 2 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, eyen if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore City, Maryland U.S.A. certificate 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME nas been signed by the attending pl as the burial-transit permit. Then prior to burial, cremation, or remova ROAD GUILLA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMANT** 17. death (Yes; no; or unkown) (If yes give war or dates of service) 3A 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? NO T YES is ceretached for 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) det factory, street, office bldg., etc.) Hour a.m. While Not While After retained by at work at work DIRECTOR: Af age 3 should I lied with the S 21. I certify that (I) (this hospital) attended the deceased from 19.1 saw the deceased alive on and that death occurred at low M. from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. director, page should be filed Page 4 may b DIRECTOR M.D. FUNERAL PHYSICTAN'S 22d. ADDRESS NAME (Type) Dr. William Martin Liberty Rd. Randallstown, Md 23a. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Bur EMOVAL (Specify) Druid Ridge Cemetery Pikesville, Maryland ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Wm. Cook-Brooks Towson. 1050 York Road Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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